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Manhattan Beach Unified School District

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MANHATTAN BEACH UNIFIED SCHOOL DISTRICT PARENT/GUARDIAN PERMISSION FORM GRAND VIEW 4th/5th GATE TESTING

I understand that my child may not be tested for GATE identification without my permission.

_____ I request that the Otis-Lennon School Ability Test be administered to my child on
Wednesday, May 12, 2021.

Student Name:

First: _____ Middle Initial: _____ Last: _____

Date of Birth (mm/dd/yyyy): _____

Exact Age on 5/12/2021 (example: Years: 10 Months: 4) Years: _____ Months: _____

Select One: Male: _____ Female: _____ **Teacher:** _____

School: _____ **Grade:** _____

Home Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____

Please return this form to Kathy Poje at kpoje@mbusd.org. Forms are due no later than Friday, April 30, 2021.