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Manhattan Beach Unified School District

325 South Peck Avenue • Manhattan Beach • California 90266 • (310) 318-7345 • FAX (310) 303-3822

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT PARENT/GUARDIAN PERMISSION FORM 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, March 21, 2018 beginning at 1:45 p.m. in Room C-2 at Grand View Elementary School.

Student Name:

First: _____ Middle Initial: _____ Last: _____

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

Exact Age on March 21, 2018 (ex.: Years: 10 Months: 4) Years: _____ Months: _____

Select One: Male: _____ Female: _____

School: _____ **Current Grade:** _____

Home Address: _____

City: _____ **Zip Code:** _____

Phone Number: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____

Please return this form to **Ms. Kathy Poje, Grand View Office Manager.** Forms are due on Friday, **March 16th.**