GATE Program
Application Form for Out-of-District Students

STUDENT INFORMATION

Student Name ____________________________________

Student Address ____________________________________

Current School Name ________________________________

Current School Address ____________________________________

Student Gender _____________ Current Grade ____________

FAMILY INFORMATION

Parent/Guardian Names ____________________ Phone __________________

Street Address ________________________________________________

City, State, Zip ______________________________________________________________________

I hereby request that the child listed above be considered for placement in the GATE program at Stillwater Middle School during the 2020-2021 school year.

Parent/Guardian Signature: _________________________________ Date: ______________________

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING CURRENT* STANDARDIZED TESTING DATA (ATTACH COPIES):

___ Performance Series, NWEA, or other achievement test data
___ Cognitive Abilities Test or other ability test data
___ Most recent report card
___ Other information that supports your child’s eligibility for the GATE Program

Parent/Guardian Signature: _________________________________ Date: ______________________

* CURRENT = within the last 12 months

This form must be submitted by December 20, 2019:
Fax: 651-351-8343
Or mail to:
Stillwater Area Public Schools
Attn: Gifted Office
1875 S Greeley St
Stillwater, MN 55082

Applications are due by December 20, 2019.

Once notified that my child is accepted into the program, I understand that in addition to submitting this form and supporting data, I must enroll my child in Stillwater Area Public Schools through the Enrollment Office at 651-351-8412 Central Services Building, 1875 So. Greeley St., Stillwater, MN 55082.