GIFTED SCHOOL APPLICATION

2020-2021

Please Read: Visit www.slps.org/magnet for an explanation of the two-pool application time line. All application received in a Pool Application Period are given equal consideration, within placement priorities. All current Pool applicants will be considered for placement prior to reviewing and placing applicants in the next Pool. Submission of this application will override any previous application submitted for the 2020-2021 school year. **INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**

READ BEFORE COMPLETING PAPER APPLICATION: Please fill the application out at www.slps.org/magnet. If you do not have computer access at home, there are computers available to fill out and submit applications at the Office of Student Recruitment and Placement at the SLPS Board of Education (801 N. 11th St, St. Louis, MO 63101). *Paper applications will take additional time to process.*

Student's Name _____ Date of Birth _____ Sex _____
Please Print
Last First Middle

Address _____
Street City State Zip

Home Phone Number (___)_____ Emergency Phone Number (___)_____ Emergency Contact _____

Current School _____ School District of Residence _____

Sibling Consideration? ☐ Yes ☐ No Name of Sibling _____ Magnet School Sibling Attends _____

Siblings are defined as children having on biological or adoptive parent in common and reside in the same household. To receive sibling consideration for one child, the other child must be enrolled in the school of choice and be scheduled to continue in that school for the coming year, and that school must be listed as the first choice on this application form. Sibling consideration extends to one school only. No sibling applicants will be considered for priority placement after the Pool B Application period closes.

☐ *Check here if you wish twins to be treated as one placement at the same school. Separate applications are required.*

SAFE SCHOOLS: Has your child been expelled from any school or school district violation of school board policies relating to weapons, alcohol, drugs or for willful infliction of injury to another person? ☐ Yes ☐ No

GIFTED OUTREACH : May we share your (not student) contact information with a current SLPS Gifted Education Program parent so they may reach out to answer question about the process and program? ☐ Yes ☐ No

SPECIAL EDUCATION: Is your child in the First Steps Program? (preschool only) ☐ Yes ☐ No

Has your child been referred for a special education evaluation or evaluated by the current or previous school district? ☐ Yes ☐ No

Does your child receive special education services and/or related services? ☐ Yes ☐ No

Does your child receive special education services outside the regular class for more than 60 percent of the time? ☐ Yes ☐ No

ESOL: Does student use a language other than English? ☐ Yes ☐ No Please specify: _____

Which language(s) does the student use (speak) at home and with others? _____

Which language(s) does the student hear at home and understand? _____

Please Indicate Applicant's Race:
SELECT ONLY ONE CODE

- ☐ B Black/African American
- ☐ W White/Caucasian
- ☐ H Hispanic/Latino
- ☐ A Asian or Pacific Islander
- ☐ I Native American or Alaskan
- ☐ Biracial - Black
- ☐ Biracial - Non-Black

Future grade in Sept. 2020 _____

Requirements must be met to be eligible for admission to a special education classroom. Placement is contingent upon the Individual Education Program (IEP) specifying placement.

YOU DO NOT NEED TO LIST FOUR CHOICES, ONLY SELECT CHOICES YOU WILL ACCEPT.

School Desired _____ _____ _____ _____
First choice Second choice Third choice Fourth choice

Magnet Elementary Schools K=Kindergarten | P4=Preschool Age 4

(P4-4)	# Gifted Program at Columbia	442	(P4-5)	# Kennard Classical Junior Academy	593
(P4-5)	# Mallinckrodt Academy of Gifted Instruction	524	(K-2)	# Stix Early Childhood Gifted Classroom	603

Magnet Middle Schools (6-8)

#McKinley Classical Junior Academy	313

* Age eligibility before August 1 for preschool and kindergarten entry must be met. See eligibility requirements at www.slps.org/magnet. # Requirements must be met to be eligible for admission. **Note**: Preschool programs are available to St. Louis City students. St. Louis County residents with a sibling in an SLPS Magnet School, are eligible to attend Kindergarten through Grade 12.

Parent 1 Name _____ Work/Cell # (____) _____ Parent 2 Name _____ Work/Cell # (____) _____

Parent 1 Email _____ Parent 2 Email _____

I give permission to the current school my child is attending to release any information needed to complete the processing of this application. I do understand that once enrolled, student records will be sent to the new school district. I understand that submitting false residence information is a Class A misdemeanor, and that I may be required to pay the cost of educating my child if I provide false residency information. I understand that providing false disciplinary information on this application is a Class B misdemeanor. I also give permission for my child to be tested in order to determine eligibility for the gifted programs. I understand that Saint Louis Public Schools is not responsible for errors made by me on this application (such as grade, birth date, schools selected and/or incorrect school year application.)

Parent Signature _____ Date _____

City families return to: Saint Louis Public Schools, Student Recruitment & Placement Office, 801 N. 11th St., St. Louis, MO 63101 (314.633.5200, Fax: 314.633.5230)