



**Alamo Heights High School** ♦ Alamo Heights Independent School District

6900 Broadway ♦ San Antonio, Texas 78209 ♦ Ph: (210) 832-8850 ♦ Fax: (210) 832-5777

Dear Parent/Guardian:

Your student has indicated an interest in taking one or more GT courses at Alamo Heights High School. According to district guidelines, one facet required for placement in these courses requires that a student attain specific scores on the CogAT and the Iowa Assessments. **Testing cannot occur without written parent permission.** (Current AHISD 8<sup>th</sup> graders should test at Alamo Heights Junior School.)

Student \_\_\_\_\_ Grade Level for 2019-2020 School Year \_\_\_\_\_  
 (print) (legal name)

Student AH ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student's Current Age \_\_\_\_\_  
 Leave blank if from another school (mm/dd/yyyy)

Parent(s) Name \_\_\_\_\_  
 (print)  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #s \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

Current School (If not AHHS) \_\_\_\_\_ School Phone # \_\_\_\_\_

**Which courses would you like your child tested for during the GT Screening Process?**

Check below for testing	Course	List Student's Current Teacher	School/Campus
	English		
	Math		
	Science		
	Social Studies		

**Mandatory Parent Permission for Screening and/or Testing**

I give permission for my student to be tested as a part of the screening process for enrollment in one or more of the programs indicated above. I understand that the Selection Committee will use this data when reviewing student profiles for placement at AHHS. I would like to have my child tested on the following testing dates:

\_\_\_\_\_ **Tuesday, May 26, 2020 - Wednesday, May 27, 2020** (deadline to register is Friday, May 22nd at 4 PM)

\_\_\_\_\_ **Wednesday, August 5, 2020 - Thursday, August 6, 2020** (deadline to register is Monday, August 3rd at 4 PM)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_