

# Application for Grade Level Acceleration – Grades 1-5

**PART ONE (to be completed by the parent/guardian and submitted to [cbe@garlandisd.net](mailto:cbe@garlandisd.net))**

Student's Local ID#: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Campus \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Parent/Guardian's Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

If my student qualifies, I would to apply for a 2-5th grade magnet program.  Yes  No

*\*Note: you must contact the magnet office at [gisdmagnetprograms@garlandisd.net](mailto:gisdmagnetprograms@garlandisd.net) to complete a magnet application during the 2-8th Magnet application window or the second chance magnet application window.*

**PART TWO (each statement below must be initialed by parent/guardian)**

1. *I understand that the recommendation to administer or not to administer a CBE for acceleration will be determined based on my student's prior assessment history of MAP Growth and STAAR assessments (if applicable).* \_\_\_\_\_
2. *I give permission for my student, indicated on this application, to be administered a CBE should he/she meet the initial qualifications. If my student does not meet the qualifications, I will be notified.* \_\_\_\_\_
3. *I understand that if my student is recommended to take a CBE for grade acceleration, he/she must score at least an 80% or higher on each of the four content exams (language arts, math, science, and social studies) is required to accelerate a grade level.* \_\_\_\_\_
4. *I understand that the district assumes the cost of CBEs. However, if the student does not take an exam for which he/she is registered, the district will not assume the cost for the student to register again for the same exam. In this case, the parent/guardian will be required to pay for the exam(s) prior to ordering.* \_\_\_\_\_

*I, the parent/guardian, am aware that placement into 2<sup>nd</sup>- 5<sup>th</sup> grade will occur the following school year should my child meet the qualifications. I am also aware that acceleration is on a probationary basis, and I am aware that my child may be placed back into the previous grade should it be in his/her best social, emotional or academic interests.*

\_\_\_\_\_  
Parent/Guardian name printed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

