

**ENTRANCE APPLICATION FOR
THE LONG ISLAND UNIVERSITY
CENTER FOR GIFTED YOUTH**

FORM 1

RETURN TO:

Long Island University
Center for Gifted Youth
School of Education
C.W. Post Campus
720 Northern Boulevard
Brookville, New York 11548-1300

PLEASE CHECK

Saturday Program 2009-2010
 Summer Program 2010
 Siblings in program

INSTRUCTIONS TO THE PARENT:

This questionnaire should be filled out promptly and returned to the Center with the required **\$25 non-refundable application fee. Checks should be made out to "LIU Center for Gifted Youth."**

Two recommendation forms are enclosed; one is for the school principal and one for a recent teacher or guidance counselor. Once completed, these forms are to be forwarded directly to the Center for Gifted Youth office. Candidates should provide the school with a stamped envelope addressed to the above.

PLEASE NOTE: **THIS IS NOT A REGISTRATION FORM.** This application form is for entrance into the program. If your child is accepted, a separate registration form will be mailed to you along with an acceptance letter. Students who have already been accepted need not reapply.

APPLICATION FORM

(PLEASE PRINT)

NAME _____ SEX _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH _____

PRESENT GRADE _____

ADDRESS OF CANDIDATE

(Street) _____

(City) _____ (State) _____ (Zip) _____

HOME PHONE NUMBER (including area code) _____

FATHER'S CELL PHONE NUMBER (including area code) _____

MOTHER'S CELL PHONE NUMBER (including area code) _____

Father's Business Phone (including area code) _____

Mother's Business Phone (including area code) _____

EMAIL ADDRESS _____

NAMES AND OCCUPATIONS OF PARENTS (please include last name if different from candidate.)

FATHER _____ OCCUPATION _____

MOTHER _____ OCCUPATION _____

How did you learn about this program? (If newspaper, please specify name.)

Does your child have any unique interests or abilities? (If yes, please explain)

Have you applied for this child before? _____

NAME OF PRESENT SCHOOL _____

ADDRESS (Street) _____

(City) _____ (State) _____ (ZIP) _____

SCHOOL TELEPHONE NUMBER (including area code) _____

SIBLINGS IN THE PROGRAM (if any) _____

DATE _____ SIGNATURE _____

OF PARENT OR GUARDIAN