

Application for Admission • Summer 2012

Worlds of Wisdom and Wonder / Summer Wonders

Office use only: p _____ \$ _____ # _____ d _____ sa-\$ _____ s _____ pif rec

Please print. Complete a separate application for each student. Mail with your deposit (check, money order, or credit or debit card authorization) to: **The Center for Gifted; Box 364; Wilmette, IL 60091.** Call or email with questions: 847-901-0173; info@centerforgifted.org.

Student's full name _____ Birth date (mm/dd/yy) _____

Gender: _____ male _____ female Circle student's 2012/2013 grade level: PK K 1 2 3 4 5 6 7 8

Name of current school _____ Location (city) of current school _____

Has student participated in a previous CFG program? ____ yes ____ no

Has any other child in the family participated in a previous CFG program? ____ yes ____ no

Recommendation is (check one) ____ enclosed ____ to follow ____ not required (is returning student)

Full name of parent/guardian _____

Address _____ City, state, zip _____

Phones: Home _____ Cell _____ Other _____

Relationship to student _____ Are you interested in carpooling? ____ yes ____ no

Family email address for all program info: _____

I hereby grant The Center for Gifted permission to photograph this student and publish any such images and any of his/her work on its website, in its publications, both digital and print, and in other media controlled or approved by The Center for Gifted. I will make no monetary or other claim against The Center for Gifted for its ethical and appropriate use of these items.

Parent/guardian signature _____ Date _____

Program and Course Selections:

Circle the program(s) below to which this student is applying. ***If your program has a full-day option, be sure to indicate which option you are requesting.*** Review the course offerings on the program pages, carefully noting the program dates and locations and the grade levels for each course. Select the student's three favorite courses and two alternates, listing them below in order of preference. We place as many students as possible in their favorite courses. Student's alternate choices are considered as scheduling and enrollment require. ***Students are placed with their age peers, usually with two grade levels per classroom. Students entering PreK and Kindergarten do not need to list courses.***

Buffalo Grove I*	Naperville South	Buffalo Grove II*	Lakeview West*	Buffalo Grove III*	Lakeview East*
Elmhurst I	Oak Forest*	Beverly*	Naperville North	Burr Ridge	Skokie
Grayslake	Math Workshop	Elmhurst II	Oriole Park		
*Select: ____ Morning ____ Full-Day		*Select: ____ Morning ____ Full-Day		*Select: ____ Morning ____ Full-Day	
a. _____		a. _____		a. _____	
b. _____		b. _____		b. _____	
c. _____		c. _____		c. _____	
d. _____		d. _____		d. _____	
e. _____		e. _____		e. _____	

Payment: Application must include at least the required deposit of \$60 per two-week program.

Total enclosed or authorized: \$ _____ Check if full tuition is enclosed

Check one:

_____ My check or money order for the above amount payable to The Center for Gifted is enclosed.

_____ Charge my credit or debit card for the above amount. Card type is: _____ MasterCard _____ Visa

Credit card number _____ Expiration date: _____

Cardholder's name (as printed on card) _____ Cardholder's zip code _____

Authorized signature _____ Today's date _____

Bright, talented, motivated students, entering grades PreK-8th, from any city or educational setting, whether public, private, parochial, or home school, are eligible. They need not be enrolled in school gifted programs. Test scores are requested, but are not the sole criterion. PreK students must be 4 years old by June 1.

Enrollees generally rank at or above the 95th percentile in some areas. We recognize and discern the great variety of talents and abilities that students express. Parents may request a conference with the Director regarding their individual child.

New students must submit completed and signed teacher recommendation forms (see form below or print one from our website).

Returning students do not require teacher recommendations. They are eligible upon our timely receipt of their applications.

Ideal candidates typically evidence many of the following talents and gifts:

- Express curiosity and creativity
- Enjoy challenges
- Ask thoughtful questions
- Have unique problem-solving abilities
- Are keenly observant
- Have well-developed imaginations
- Demonstrate talent in art, music, writing, or drama
- Act independently and with initiative
- Have extensive vocabularies
- Use complex language skills
- Discuss and elaborate on ideas
- Use learned information in new contexts
- Show ability to place objects in logical sequence
- Enjoy reading
- Create and tell stories
- Exhibit wit and humor
- Have sustained attention spans
- Have good memories

----- (detach here) -----

The Center for Gifted - A Northern Illinois University Partner - Summer 2012
 Teacher Recommendation - Worlds of Wisdom and Wonder - Summer Wonders

Student's full name _____

Name & city of school _____

Fall 2012 grade level: _____ Is student in your school's gifted program? ___ yes ___ no ___ don't have one

Would you recommend this student for our program(s)? ___ yes ___ no ___ see comments

Please rank: exceptional above avg. avg. below avg.

general work	4	3	2	1
commitment	4	3	2	1
creativity	4	3	2	1
motivation	4	3	2	1

Teacher's signature _____

Date _____

Comments (special talents, abilities, achievements, etc.): _____

Standardized Achievement Testing:

Name of test: _____

Date administered: _____

Scores:

Reading _____ Language _____

Math _____ Science _____

Total battery _____ Other _____

Scores are not required of students who have not been tested.