ENTRANCE APPLICATION FOR THE LONG ISLAND UNIVERSITY

CENTER FOR GIFTED YOUTH

RETURN TO: Long Island University Center for Gifted Youth College of Education & Information Science LIU Post 720 Northern Boulevard Brookville, New York 11548-1300

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| PLEASE CHECK | |
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| Saturday Program 202 Summer Program 20 Siblings in program | 0 |

INSTRUCTIONS TO THE PARENT:

This questionnaire should be filled out promptly and returned to the Center with the required \$25 nonrefundable application fee. Checks should be made out to "Long Island University."

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(LAST) | | | SEX | |
| (LAST) | (FIRST) | (MIDDLE |) | |
| DATE OF BIRTH | | | | |
| PRESENT GRADE | | | | |
| ADDRESS OF CANDIDATE | | | | |
| (Street) | | | | |
| (City) | | (State) | (Zip) | |
| HOME PHONE NUMBER (in | cluding area code) | | | |
| FATHER'S CELL PHONE N | JMBER (including area | a code) | | |
| MOTHER'S CELL PHONE N | UMBER (including are | ea code) | | |
| Father's Business Phone (inclu | ding area code) | | | |
| Mother's Business Phone (incl | uding area code) | | | |
| FMAII ADDRESS | | | | |

| FATHER | OCCUPATION |
|----------------------|---|
| MOTHER | OCCUPATION |
| How did you learn al | bout this program? (If newspaper, please specify name.) |
| | |
| Does your child have | e any unique interests or abilities? (If yes, please explain) |
| | |
| | |
| Have you applied for | r this child before? |
| NAME OF PRESEN | NT SCHOOL |
| ADDRESS (Street)_ | |
| (City) | (State)(ZIP) |
| SCHOOL TELEPHO | ONE NUMBER (including area code) |
| SIBLINGS IN THE | E PROGRAM (if any) |
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| | |
| DATE | SIGNATUREOF PARENT OR GUARDIAN |