

# Gunnison Watershed RE-1J Early Access Application Cover Page

Please submit completed application to: Marta Smith  
Director of Special Services – Gunnison/Hinsdale  
800 North Boulevard Street  
Gunnison, CO 81230  
970-641-7750

**PART A** (To be completed by person initiating application)

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Lives With \_\_\_\_\_ Legal Custodian \_\_\_\_\_

Father Name \_\_\_\_\_ Phone \_\_\_\_\_ Mother Name \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Schools attended and grade/age levels \_\_\_\_\_

Evidence the child is academically gifted, socially and emotionally mature, motivated to learn, ready for advanced placement, and has exhausted the resources of preschool or home schooling: (please provide a brief summary of attached documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B** (Checklist of Required Documentation) Date Received by Administrative Unit / Initials \_\_\_\_\_

- Early Access Application Cover Page**
- Parent Referral Form**
- Teacher Referral Form**
- Standardized Academic Assessments**
- Standardized Cognitive/Aptitude Assessments**
- Social/Emotional Development Assessments**

**PART C** (To be completed by receiving school) Date of Early Access Committee Meeting: \_\_\_\_\_

- Determination for Early Access Form**

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Original: Student Cum Folder,  
Copies: Parents, Principal, GT teacher, School Psychologist, Director of Special Services