

Gifted Testing Application
(For Annual In-School Testing Only)
Chandler Unified School District Gifted Program
CATS – Chandler Academically Talented Students



Return to the school Dean of Students
Due: October 10, 2025
3rd – 6th Grade Testing Only

STUDENT NAME: _____ CUSD ID #: _____

HOME SCHOOL/DISTRICT: _____

CURRENT SCHOOL: _____ TEACHER: _____

CURRENT GRADE (2025 – 2026): _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME #: _____ ☐ WORK or ☐ CELL #: _____

EMAIL: _____

** This is how we will contact you with testing date and time. Please make sure it is legible and current **

GUARDIAN/PARENT NAME: _____
(Please Print)

*** Please verify that all of the above information is correct. ***

I grant permission for my child to be evaluated.

Guardian/Parent Signature

Date

☐ Yes my Student has a current IEP or 504 that requires accommodations.
Please include a copy of accommodations page(s) with this application.