



The Gifted Child Society  
 1 Myrtle Avenue, 2nd Floor  
 Allendale, New Jersey 07401

Phone 201.444.6530  
 Fax 201.444.9099  
 www.gifted.org  
 admin@gifted.org

TGCS Office Use Only	
Booklet #:	_____
Q	<input type="checkbox"/> _____
DNQ	<input type="checkbox"/> _____
P	<input type="checkbox"/> _____
Complete:	_____

**TGCS ADMISSIONS APPLICATION FORM**

Student Name: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Email: \_\_\_\_\_

**Information below must be completed by a licensed/certified psychologist or school representative only.**

To be considered for admission to TGCS, a candidate must be diagnosed as gifted via an IQ test administered by a certified or licensed psychologist. Additional eligibility requirements are considered as well (see below).

1. **General Mental Ability.** Candidates must have a full-scale IQ score of 130 or higher, plus 130 or higher on a minimum of two (2) sub scores with any of these TGCS-approved assessments: Weschler Intelligence Scale for Children WISC-IV, WISC-V, WPPSI-IV, or the Stanford Binet Intelligence Scale, Fifth Edition. Please provide all scores (including GAI) and attach a copy of the score report and a copy of the examiner’s certification/license documentation.

\_\_\_\_\_  
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2. **Other Diagnostic Conditions.** For candidates with additional special needs, please list all that apply, based on prior knowledge shared by the candidate’s family and/or assessed during this examination.

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 \_\_\_\_\_

3. **Social & Emotional Maturity.** Candidates must be willing and able to participate in our advanced learning environment, without undue stress or other factors that might negatively affect his/her ability to succeed in our classrooms for gifted learners. Please summarize the candidate’s social/emotional maturity and make note of any challenges or opportunities that should be taken into consideration.

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

4. **Professional Recommendation.** Please provide additional information about this candidate that should be considered.

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

Psychologist Name (Print)      Psychologist Signature      License/Certification #      Date of Test

Psychologist Work #      Cell #      Street Address      City      State      Zip

**EMAIL FORM TO: admin@gifted.org, or**  
**FAX FORM TO: 201-444-9099, or**  
**MAIL FORM TO: The Gifted Child Society, 1 Myrtle Avenue, 2nd Floor, Allendale, NJ 07401**

**ATTENTION: TGCS ADMISSIONS**