



The Gifted Child Society
 70 Hilltop Road, Suite 3015
 Ramsey, New Jersey 07446-1155

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 www.gifted.org
 admin@gifted.org

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

TGCS ADMISSIONS APPLICATION FORM

Student Name:	Date of Birth: Age:	Grade: Sibling of TGCS Member? Y or N
Circle: Female or Male	Parent 1:	Parent 2:
Street Address:	City:	State: Zip:
Primary Cell #:	Home #:	Appointment Date: Time:
Parent 1 Email:	Parent 2 Email:	TGCS Examiner:

Information below must be completed by a licensed/certified psychologist 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 information is also considered for eligibility (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-V, WPPSI-IV, or the Stanford Binet Intelligence Scale, Fifth Edition. Please provide all scores, including GAI as applicable, and attach a copy of the score report and a copy of the examiner’s certification/license documentation.

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.

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.

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

Psychologist Name (Print)

Psychologist Signature

License/Certification #

Date of Test

EMAIL FORM TO: admin@gifted.org OR

**MAIL TO: The Gifted Child Society
 70 Hilltop Road, Suite 3015
 Ramsey, NJ 07446**

ATTENTION: TGCS ADMISSIONS