



# Bellevue School District's Advanced Learning Application for Advanced Learning Services

for Students who Tested out of District and are Applying to BSD

### RETURN THIS FORM VIA

**US Mail:** Advanced Learning **OR** **Email:** [advancedlearning@bsd405.org](mailto:advancedlearning@bsd405.org)  
Bellevue School District  
P.O. Box 90010  
Bellevue, WA 98009

Name of Student: \_\_\_\_\_  F  M  X

BSD School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

BSD Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Date of Enrollment:  Immediately  Fall of (YEAR) \_\_\_\_\_

***By signing this form, you give your permission for us to contact your previous school district in order to confirm your child's highly capable status. Please attach copies of the tests that your child took to get into the highly capable program at your previous district, including any recent achievement data.***

Preferred Email (please print clearly) \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

Print Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ (Please Sign and Date)

**STOP! For Office Use Only Below this Line**

Scores: VSAS	_____	<input type="checkbox"/> APPROVED (SC)	<input type="checkbox"/> Cherry Crest
QSAS	_____	<input type="checkbox"/> APPROVED (DS)	<input type="checkbox"/> Medina
NSAS	_____	<input type="checkbox"/> Literacy (Verbal)	<input type="checkbox"/> Somerset
CSAS	_____	<input type="checkbox"/> Math (Quantitative)	<input type="checkbox"/> Spiritridge
RT	_____	<input type="checkbox"/> Non-Verbal	<input type="checkbox"/> Odle
MT	_____		<input type="checkbox"/> Tye
OTHER	_____	<input type="checkbox"/> NOT APPROVED	<input type="checkbox"/> Interlake

Alternative Cognitive Test, Date, Scores: \_\_\_\_\_

Additional Achievement Assessments: \_\_\_\_\_

Program Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Notified: \_\_\_\_\_  US Mail  Email