



## Ottawa-Carleton District School Board Application Form: Gifted Program at the Secondary Level (Grades 9-12)

Thank you for your interest in the OCDSB's Gifted Program at the Secondary Level (Grades 9-12). The deadline for applications is **March 31, 2025**.

**Instructions:**

If your child is not currently enrolled in an OCDSB Gifted Program at the Elementary Level, you will need to submit the following documents to your designated Secondary Gifted Program location ([Bell High School](#), [Glebe C.I.](#) or [Lisgar C.I.](#)):

- Completed and signed OCDSB Application Form: Gifted Program at the Secondary Level (Grades 9-12)
- Most recent report card
- Most recent Individual Education Plan (if applicable)
- Most recent psychological assessment information:
  - CCAT-7
  - WISC-V
  - Stanford-Binet FSIQ
- Any additional assessment reports (e.g., most recent medical, speech-language/communication, Intensive Behaviour Intervention, occupational/physiotherapy, social work)

↳ Please indicate: \_\_\_\_\_

**Part A: Student Information**

First Name:	Last Name:
Date of Birth (MM/DD/YYYY):	Student OEN: <small>(This 9-digit number can be found on your child's Ontario Report Card or IEP)</small>
Current School:	OCDSB Community Secondary School: <small>(Based on your home address)</small>
Current Grade:	Current Program: <small>(e.g. Grade 8 Regular Class)</small>
Please check the program you are applying to:	
<input type="checkbox"/> Secondary Gifted- English <input type="checkbox"/> Secondary Gifted- French Immersion	
Please briefly outline any pertinent information about your child's learning <u>that is not already indicated</u> in the attached documents:	

**Please Note: Proof of address will be required at the time of registration.**

**Part B: Parent/Guardian Information**

Parent/Guardian # 1	
First Name:	Last Name:
Street Address:	City, Province, Postal Code:
Phone Number:	Alternative Phone Number:
Email Address:	Relationship:

Parent/Guardian # 2 (if applicable)	
First Name:	Last Name:
Street Address: <input type="checkbox"/> Same as parent/guardian # 1	City, Province, Postal Code:
Phone Number:	Alternative Phone Number:
Email Address:	Relationship:

**Part C: Parent/Guardian Agreement and Consent**

I understand and consent to this application being considered for the Secondary Gifted Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

**For Review Staff Only**

Assessment Used (e.g., CCAT-7, WISC-V):	Date of Assessment:
Scores (verbal, non verbal, quantitative, Full Scale, GAI):	Canadian Norms Used:      Y      N
Meets Criteria:      Y      N	Substitutions Used:      Y      N
Psychologist:	Psychologist's Signature: