



St. Mary Catholic Schools Aquinas Program  
St. Mary Elementary Campus  
540 Second Street, Menasha, WI 54952  
920-725-5351

**Aquinas Program  
St. Mary Catholic Schools  
Request for Assessment**

Please return this form to Stacy Sweetalla at St. Mary Elementary **no later than May 25, 2018.**

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

I request for my child to be assessed for the Aquinas Program. I understand the following:

- I will have to provide transportation for my child to arrive at St. Mary Elementary at 8:00 a.m. and will pick him/her up at 11:30 a.m. on the dates of testing: June 12<sup>th</sup> and June 13<sup>th</sup>, 2018.
- If my child is sick one of the testing days, he/she will makeup the assessment on June 14<sup>th</sup>, 2018.
- Enrollment is based on space availability and the following test results criteria:
  - Tier 1 A CogAT Total Score of 140 or higher
  - Tier 2 A CogAT Total Score of 135 – 139 and a percentile rank of 80th or higher on the ITBS Total Battery
  - Tier 3 A CogAT Verbal or Quantitative Reasoning Score of 130 or higher and a percentile rank of 80th or higher on the ITBS Total Battery.
  - Tier 4 A CogAT Total Score of 130 – 134 and a percentile rank of 85th or higher on the ITBS Total Battery
- I will be informed of my child’s eligibility or ineligibility for program enrollment.
- Eligibility based on assessment results does not ensure immediate program enrollment.
- If my child is eligible, I will receive an application to request enrollment.

\_\_\_\_\_  
Mother/Guardian (print)

\_\_\_\_\_  
Father/Guardian (print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

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

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

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of One Parent/Guardian

\_\_\_\_\_  
Date

