SAGES-2 Testing Services Application Form

Submit a completed application either by fax or mail.

FAX: 973-655-7895
MAIL TO: Gifted and Talented Program
Montclair State University
1 Normal Avenue
Montclair, NJ 07043

Name of Student: _____________________________________
Sex: ☐ Male ☐ Female
Grade Level: _____ Age: _____ Birth Date: _____________(MM/DD/YYYY)
Home Address: _______________________________________
City: ____________________________________________
State: ____________ Zip Code: ____________
Home Phone Number: ____________________________ Parent E-mail Address: ____________________________
Parent Name (Mother): ____________________________ Parent Name (Father): ____________________________
Parent Cell # (Mother): ____________________________ Parent Cell # (Father): ____________________________

To schedule an appointment, please select a date and time.
An email confirmation will be sent to you. The cost of the SAGES-2 Test is $150.00.

Testing Dates:
☐ December 14, 2014 at 9 a.m. – Grades K-3 ☐ April 7, 2015 at 1 p.m. – Grades 4-8
☐ February 16, 2015 at 1 p.m. – Grades 4-8 ☐ April 20, 2015 at 10 a.m. – Grades K-3
☐ April 20, 2015 at 1 p.m. – Grades 4-8

Note: Special date and time can be arranged ONLY if all dates and slots are filled.

Payment Method (please check one): ☐ VISA ☐ Mastercard ☐ Check ☐ Money Order
Make check payable to Montclair State University. (We do not accept American Express or Discover cards.)

Card Number: ____________________________ Expiration Date: _________
Name on Card: ____________________________ Total Amount to be Charged: $__________
Signature: ____________________________________________