



# WEST LONG BRANCH PUBLIC SCHOOL DISTRICT

OFFICE OF THE PRINCIPAL

## FRANK ANTONIDES SCHOOL

135 Locust Avenue West Long Branch, New Jersey 07764

PHONE: 732-222-5900 FAX: 732-222-8154

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MRS. CHRISTINA EGAN  
*Superintendent of Schools*

DR. FRANK ALFANO  
*FAS Interim Principal*

September 29, 2021

Dear Parent/Guardian,

As you may be aware, when students are in the third grade, they participate in screening for the Academically Talented (AT) program that challenges those who demonstrate high potential in the core subject areas. In general, a very small percentage of the total student population are identified as gifted learners. As part of the identification process in grades 4-8, parents/guardians have the opportunity to nominate their child to participate in the rescreening process by completing the form below. Students who qualify for inclusion in the AT program will be pulled out of class one or two periods per week for enrichment.

Students are identified by a variety of measures: (1) the Screening Assessment for Gifted Elementary and Middle School (SAGES) Mathematics/Science assessment (2) the (SAGES) Language Arts/Social Studies assessment (3) the (SAGES) Reasoning assessment (4) and report card grades. It is important to note that the SAGES assessment measures a comprehensive set of traits that are identified in gifted children. If you would like your child to be screened, please complete and return the attached form that will give us permission to administer these assessments to your child, which will take place in October.

If you have any questions about the academically talented admission process, please feel free to contact me at (732) 222-5900, Extension 1151.

Sincerely yours,

Dr. Frank Alfano  
FAS Interim Principal



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**FRANK ANTONIDES SCHOOL  
GRADES 5-8 NOMINATION FORM  
ACADEMICALLY TALENTED PROGRAM IDENTIFICATION**

**PLEASE RETURN THIS PERMISSION FORM TO THE MAIN OFFICE  
BY WEDNESDAY, OCTOBER 6, 2021**

**Student's Name (Please Print):** \_\_\_\_\_

**Teacher's Name (Please Print):** \_\_\_\_\_

\_\_\_\_\_ I would like to nominate my child to participate in the identification process for the Academically Talented Program. My child **will** participate in the Screening Assessment for Gifted Elementary and Middle School (SAGES) test.

**If you would like your child screened, please briefly describe your child's academic strengths.**

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**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_