

# United Independent School District

201 Lindenwood Laredo, Texas 78045



G.T. Letter of 6<sup>th</sup> Grade Transition to Middle School

Date: \_\_\_\_\_

To the Parents of: \_\_\_\_\_ I.D. \_\_\_\_\_

Campus: \_\_\_\_\_

Dear Parent(s),

Your fifth grade G.T. child will be attending middle school year next year.

**Please v your choice of site, sign, date, and return this letter to the G.T. Director.**

**Important: If student is not attending their boundary neighborhood campus, it is the parents' responsibility to make arrangements with the school registrar.**

## MIDDLE SCHOOL STUDENTS

### A. Magnet Sites:

I would like my child to attend the magnet G.T. site serving grades 6<sup>th</sup> – 8<sup>th</sup> (v your feeder school pattern).

Clark Middle School serving the AHS Cluster Schools and UHS Cluster Schools  
(North UISD Feeder School Pattern)

United South Middle School serving the USHS Cluster Schools and LBJ Cluster Schools  
(South UISD Feeder School Pattern)

The students in this program are grouped by ability. Teachers are trained in differentiated curriculum, which has more depth and complexity than the regular program. All teachers teaching G.T. are trained in G.T. strategies.

### B. Neighborhood School:

I would like my child to attend \_\_\_\_\_ School in my boundary area. Students at this school are grouped either by ability or in clusters with high achieving students. Teachers are trained in a differentiated curriculum, which has more depth and complexity than the regular program. All teachers teaching G.T. are trained in G.T. strategies. The number of G.T. students receiving services at this school will determine the grouping.

**NOTE:** Transportation for G.T. students outside of their attendance area will only be offered for Clark Middle and United South Middle Schools. Students must follow their feeder school pattern to obtain transportation.

### C. Denial of Services

I do not wish to have my child receive G.T. services for the coming year.

\_\_\_\_\_  
G.T. Director

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

U.I.S.D. FORM 877-020

Revised 03/20/06