



Horizons Program Application Form 2020-2021

Please fill out the application below. Print or Type Clearly.

Student's Name _____

Date of Birth ____/____/____ Gender_____ Race _____ CMS ID # _____

Current School _____ Current Grade _____

Has your child ever been grade skipped or enrolled as Early Entry into Kindergarten? _____

Parent(s)/Guardian(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail address(es) _____

I, (print) _____, parent/guardian of _____ have reviewed the application process and hereby give consent for my child to participate in all assessments required for the Horizons Program.

Parent Signature _____ Date _____

TD Teacher/AF Signature (CMS only) _____ Date _____

Classroom Teacher Signature (CMS only) _____ Date _____

Principal Signature (CMS only) _____ Date _____

Application deadlines: Applications received by September 25, 2020 are eligible for entry during the second semester of the current school year 2020-2021.

Horizons Program Contact:
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