OFFICE OF GIFTED SERVICES
909 South Main Street, Oxford, Ohio 45056 | (513) 273-3124
Empowering Every Learner Every Day!

WITHDRAWAL/NON-PARTICIPATION FROM GIFTED SERVICES REQUEST FORM

Student: _____ Student ID#: _____

Address: _____

Parent/Guardian: _____ Phone: _____

School Building: _____ Grade: _____

☆ The parent/guardian requests the student to be withdrawn from the program.

Notes/Comments:

I hereby give my permission for the student listed above to be withdrawn from gifted services, although he/she meets the eligibility requirements to participate in this service. I understand that once a student has been identified as gifted in the state of Ohio, he/she maintains this identification throughout his/her educational career. This withdrawal may be evaluated at the end of the school year to further determine the most appropriate educational setting for my child. ***Re-entry to the program may occur in the next school year upon written request and completion of the Gifted Services Re-Entry Request Form.*** (Ohio Revised Code Section 3324.03)

Parent/Guardian Signature & Date _____

Teacher/GIS/Counselor Signature & Date _____

Please return signed and completed form to:
Gifted Services, 909 S. Main St., Oxford, OH 45056