



# 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The parent/guardian requests the student to be withdrawn from the program.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I hereby give my permission for the student listed above to be withdrawn from gifted services, although he/she meets the eligibility requirements to participate in this service.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**