

**Alpine School District
Advanced Learning Lab
Withdrawal Request Form**



Date _____

NOTE: PRIOR TO ANY WITHDRAWAL REQUEST, A FORMAL CONFERENCE BETWEEN PARENT/GUARDIAN AND SCHOOL REPRESENTATIVE SHOULD BE HELD. The purpose of this conference is to discuss any concerns and discuss options with the student.

Date Of Conference: _____

Persons in Attendance: _____

I, _____, wish to request that _____
(Parent/Guardian, Student, School Personnel) (Participating Student)

be allowed to withdraw from the _____ Gifted and Talented Program.
(School)

- Students who withdraw are not guaranteed an A.L.L. placement if they return to the school or for future years.
- Return placement will be based on space available and comparison to other applicants at that time.

Reason(s) for request:

Signature, Parent/Guardian

Signature, Student

Signature, G/T Teacher

(optional) Signature, G/T Coordinator

This form remains at the school and in the student file.