

MIDDLE SCHOOL GIFTED AND TALENTED PROGRAM STUDENT WITHDRAWAL FORM

Name of Student _____

School _____

Area(s) of Qualification _____

Date of withdrawal _____

REASON FOR WITHDRAWAL:

_____ Student moved from the district _____ Parent(s) requested withdrawal

_____ Other _____

Comments: _____

Parent/Guardian Signature Date

GT Coordinator Signature Date

School Administrator Signature Date

Please return to the school's GT coordinator for processing at the district level.