

MARION CITY SCHOOLS WITHDRAWAL FROM GIFTED SERVICES REQUEST FORM

Student: _____ DOB: _____

Address: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____

I hereby give my permission for the student listed above to be withdrawn (or to not participate) from gifted services for the current school year, although he/she meets the eligibility requirements to participate in this service. I understand that once a child 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. I understand that I may contact the school at any time throughout the year to address concerns about my child's educational services and to also request my child's re-entrance into any gifted services for which he/she is eligible. Furthermore, I understand that this withdrawal from gifted services is only in effect through the current school year and that my child will be able to participate in any gifted services for which he/she is eligible during the next school year and any subsequent school years.

Please indicate the reason for withdrawal from gifted services:

Signature

Relationship to Child

Date

Please return signed and completed form to:

**Angie Osborne
Gifted Coordinator
420 Presidential Drive, Suite B
Marion, OH 43302**