

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.