



Bexley City School District

To provide educational experiences that engage, equip and empower each student.

Gifted Service Withdrawal Form

Student Name _____
School _____

Student ID _____
Grade _____

Service to be declined or withdrawn:

- | | |
|--|--|
| <input type="checkbox"/> CogELA (Grades 4-5) | <input type="checkbox"/> Gifted section ELA (Grades 6-8) |
| <input type="checkbox"/> Math 6/7 | <input type="checkbox"/> Math 7/8 |

Reason for decline/withdrawal:

Date and summary of meeting(s) between family and school personnel to discuss concerns related to gifted service:

Supports or interventions utilized prior to decline/withdrawal and outcomes:

Parent/Guardian Acknowledgements (please review and initial by each):

- _____ I am choosing to decline/withdraw my student named above from the indicated gifted service(s) for the current school year.
- _____ I understand my student may not return to the indicated gifted service(s) this school year.
- _____ I understand my student will not receive different gifted services in lieu of the one(s) indicated above.
- _____ I understand I may choose to have my student participate in any and all gifted services for which they are eligible next school year.

Parent/Guardian Signature

Date

For Principal Use Only

Principal (initials/sig.) _____ Date authorization received _____

- Place form in student's Cumulative File
- Provide copy to the district administrator who oversees gifted education