Gifted Education Services
Withdrawal Form

Parent/Guardian(s): Please supply the following information so we may continue to evaluate and plan gifted services and programs. Thank you.

Please Print
Student Name__________________________________________

School ________________________ Grade ________ Teacher ___________

Date _________________

Parent/Guardian(s) Signature_____________________________________

Please explain the main reason your child is withdrawing from the Gifted Education Program at this time.

If your child wishes to re-enter the Gifted Education Program, please submit the request for reinstatement on the Re-Entry Form found on the internet. Once a child is identified, he/she does not need to repeat the process.

Please return this form to the Gifted Resource Teacher or to the Supervisor of Gifted Education, 21000 Education Court, Ashburn, VA  20148.

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