



Withdraw of Student Gifted Service(s)
"Opt-Out" Form

Student's Name:		Date:	
Date of Birth:		Grade:	Sex:

Homeroom Teacher:	
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Person Making Request:	
Parent/Guardian Name(s):	
Relationship to Student:	
Daytime Phone:	E-Mail:

I am requesting my child, _____, be moved from the gifted classroom checked below:			
<input type="checkbox"/>	English Language Arts	Gifted Teacher:	
<input type="checkbox"/>	Math	Gifted Teacher:	

Brief explanation of reason for request:	

I further understand by making this request, my child will be placed back into a regular general education classroom for this subject.	
Regular Classroom Teacher Student Will Be Returning To:	

Parent's Signature:	
Parent's Name Printed:	
Date:	

Return this form upon completion to:
Danielle Bartos dbartos@cwls.us Fax (614) 833-2165
Canal Winchester Education Center
100 Washington Street
Canal Winchester, OH 43110