



## Consent for Withdrawal from Gifted Services

I hereby give my permission for \_\_\_\_\_  
Child's Name Child's Student Number

to be withdrawn from the following Gifted program:

\_\_\_\_\_ for the current school year, although he/she meets the eligibility requirements to participate in this program. 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 current semester or 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 programming for which he/she is eligible.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Child's School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please return completed form to Toia Robinson, Coordinator of Gifted/Arts, at the CH-UH Board of Education (2155 Miramar Boulevard, University Heights, OH 44118**