



GIFTED AND TALENTED: REQUEST FOR EXIT

Name: _____ Grade: _____ Date: _____

Name of Person Requesting Exit: _____

Reason(s) for Requesting Exit: _____

I understand that after exiting the G/T program in Mt. Enterprise ISD, my son/daughter must go through the complete identification process according to district procedures in order to re-enter the program.

Signatures: _____

Parent/Guardian

_____ Date

_____ Student

_____ Date

The Mt. Enterprise ISD Gifted and Talented Screening Committee recommends that _____ be exited from the G/T Program.

Signatures of the Mt. Enterprise ISD Screening Committee:

_____ Date