



# CIRCLEVILLE CITY SCHOOL DISTRICT

## Request to Decline Gifted Services

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

In the state of Ohio, parents/guardians may elect to decline gifted services for their child. If you do not wish to have your child participate in gifted services, you must inform the district in writing annually, designating in which areas you elect to decline services. Please return this form to the building principal or Gifted Coordinator. Your student will not be placed into instruction that is solely designated as gifted service without your permission. This will take effect for the remainder of the current school year.

Per Ohio Revised Code 3324, once a child is identified as gifted, s/he will retain that identification until s/he graduates and will remain eligible for gifted services within the district based on that identification.

### I wish to decline gifted service(s) in the following area(s):

Math  Science  Reading  Social Studies  Other: \_\_\_\_\_

Reason for declining service(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature**

**Date**

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

Print Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

For more information concerning gifted identification, consult Board Policy [po2464](#).