



NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

Gifted/Talented Services

Furlough Request

Complete this form for each student being furloughed. Please scan or copy the completed form into the student's records in Eduphoria using the naming scheme below, and provide one copy to parent/guardian.

CAMPUS: _____

FURLOUGH DATE: From _____ To: _____
(must be no longer than one school year)

STUDENT'S NAME _____

ID# _____

GRADE: _____

Person(s) responsible for requesting furlough:

_____ Parent Request _____ Student Request _____ Other-explain

Reason(s) for furlough request:

Note: Students furloughed for more than one school year must be retested & must requalify if they seek to re-enter the program.

Committee Member

Date

Committee Member

Date

Committee Member

Date

Student (if appropriate)

Date

G/T Teacher

(if secondary student, all G/T and/or Core Advanced
Academics teachers should sign below)

Date

☐

Not recommended for furlough of services

☐

Recommend for furlough of services from _____ to _____ not to exceed
the end of the current school year. Student's progress will be monitored and reported at
the end of the furlough period.

The selection committee will reconvene on _____ to re-determine the student's placement.

Documentation to be maintained in Eduphoria with the following naming scheme:

Student First Name_Student Last Name_GT_Furlough_Year of Furlough

Example: Blake_Haygood_GT_Furlough_2021



Updated 02/24/21