



SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
Gifted and Talented Program
GIFTED AND TALENTED EXIT FORM

Date _____
Student's Name _____ ID# _____
Student's Grade _____ Campus _____
Parent(s) Name(s) _____ Home Phone _____
Address _____ City, State, Zip _____

Your child has been participating in the program for gifted students in the South Texas Independent School District. You have indicated that you wish him/her to exit the program at this time. A conference must be held before your child will be exited from the program. The Gifted and Talented Coordinator at your child's school would like to meet with you to discuss the process at

_____ on _____ at _____
(place) (date) (time)

If this is not convenient, please contact the Gifted and Talented Coordinator to reschedule. In order to complete our records, we need you to complete and sign the form below. You may bring the completed form when you come for your conference. An exit cannot be requested without a personal conference. Thank you for your cooperation in this process.

Sincerely,

Circle area(s) of exit: Math Science Language Arts Social Studies All

At this time, I am requesting that my child be exited from the STISD Gifted and Talented Program for the following reason(s):

Student's Signature _____ Date _____ Parent's Signature _____ Date _____
Campus Coordinator's Signature _____ Date _____ Principal's Signature _____ Date _____
District Coordinator's Signature _____ Date _____