



North Thurston Public Schools

Assessment Department, 305 College St NE, Lacey WA 98516
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Highly Capable Program Request to End Placement Form

Name of Student: _____

Current Grade: _____

Current School: _____

I would like to discontinue Highly Capable Program services for my student.

Effective Date: _____

Name of Parent/Guardian Requesting discontinuation of Highly Capable Program services:

Address: _____
Street City, State Zip Code

Tel: Home _____ Cell _____ Alternate _____

Email: _____

Reason for discontinuation of Highly Capable Program services:

Signature: _____ Date: _____