



**HIGHLY CAPABLE PROGRAM
 PERMISSION TO PLACE
 Site Specific- MERLIN at Apollo
 2024 – 2025 School Year**

STUDENT NAME _____ BIRTH DATE (M/D/Y) _____

CURRENT SCHOOL _____ CURRENT TEACHER _____

My student has qualified for Highly Capable Program services in the MERLIN Apollo location full time class. I understand that student placement offer is site specific and intended for the duration of 3rd, 4th and 5th grades. Location will not change based on residency change in the district and that MERLIN Placement may be declined by the parent at any time to be replaced by SAGE Reading and Math services in the students boundary school. Site specific decisions are based on the class capacity and Multi-Disciplinary Selection Committee decisions, they are not subject to appeal.

Your student has qualified for the MERLIN program at *Apollo Elementary School 15025 SE 117th St. Renton, WA 98059 425-837-7500.*

Parents are responsible for providing transportation and assuring that students arrive to school on time and are picked up promptly upon dismissal.

Please review this *Permission to Place* form, make your selection, sign, date, email this copy to highlycapable@issaquah.wednet.edu by **August 16, 2024** or place a hardcopy in the US Mail to the address appearing at the bottom of this page.

I *give my permission* for my student participate in the Issaquah School District Highly Capable MERLIN Program at **Apollo Elementary School**.

OR

I *decline* my student’s placement in the MERLIN program, please place him/her in the SAGE Math or SAGE Reading program, to which he/she qualifies at my boundary school.

OR

I *decline* my student’s participation in the Issaquah School District’s Highly Capable Program.

CARPOOL LIST: Yes No

I give permission for my home address, email address and phone number to be added to the carpool list and shared with other families in the MERLIN program at Apollo. This carpool list will include and will be shared with the families who have students in the 3rd, 4th and 5th grade MERLIN classrooms at Apollo who agree to share their information.

PARENT SIGNATURE _____ Date (M/D/Y) _____

PARENT(S) NAME(S) _____

HOME/MAILING ADDRESS _____

PRIMARY EMAIL ADDRESS _____

TELEPHONE NUMBERS _____ / _____

(Cell)

(Work)

Please, email a digital copy back to highlycapable@issaquah.wednet.edu by **August 16, 2024**, or place a hardcopy in the US Mail to: **Highly Capable Program, Issaquah School District, 5150 220th Ave SE, Issaquah, WA 98029.**

Please keep a copy of this form for your records.

See below for Exit Procedures for the Highly Capable Program



Highly Capable Program Exit Procedure

The Issaquah School District, in compliance with the Washington State rules for Highly Capable Programs (WAC 392-170-047), has a procedure to allow students to exit the Highly Capable Program.

The Highly Capable Program consists of a variety of models and services and therefore is dynamic and fluid. Students will be exited from the program for one of the following reasons:

1. Parents/guardians request that the student no longer take part in the services. In this case the parents/guardians complete the exit request form and send it to the district office. The form will then be placed in the student's file.
2. A student, teacher, principal and/or program administrator may request the Multidisciplinary Selection Committee convene to review a student's profile to determine if learning needs are best met with Highly Capable program services based on assessment data and classroom performance. The committee may request additional evidence of student capabilities and/or willingness to participate in the program. If the committee determines that highly capable services are no longer appropriate to fit the student's needs, it will be recommended that the student be exited from the program.