



Think Opportunity

Greensburg Community School Corporation
1312 W Westridge Pkwy
Greensburg, IN 47240
(812) 663-4774

High Ability Exit Request Form

Date: _____

Name of Student: _____

Grade: _____ School: _____

Person(s) initiating request: _____

Reason(s) for requested exit from the program:

Steps that have been completed prior to this request:

- ____ Phone call dates:
- ____ Parent-teacher conference(s) dates:
- ____ Written communication dates:
- ____ Other _____

Other comments or relevant information:

Principal's signature: _____

Classroom Teacher' or High Ability Teacher's signature: _____

Parent's Signature: _____