WILLIS INDEPENDENT SCHOOL DISTRICT

GIFTED AND TALENTED PROGRAM

REQUEST FOR FURLOUGH

Name: _____ Student Number: _____

Date of Request: _____ Phone Number: _____

Address: _____
Street City St. Zip

Grade: _____ Campus: _____ GT Teacher:_____ ____

Reason for Furlough Request:

Anticipated Academic Program in lieu of GT Services:

I, _____, understand that in order to remain eligible for the GT program in WISD, my son/daughter may reenter the program on a full-time basis within one year from the date of this furlough upon written request. Admittance after that time will require evaluation according to district procedures.

Signatures: _____/_____ _____/_____
Parent/Guardian Date Student Date

Committee Response: Check one as appropriate.
Furlough is: ❑ accepted ❑ rejected ❑ tabled pending further information

Committee members signatures:

_____ _____

_____ _____

If you require assistance in understanding this notice, please contact:

_____ _____
Contact Person Phone Number

A copy of this request for Furlough will be placed in the cumulative folder as well as sent to the parents.