



North Thurston Public Schools

Assessment Department, 305 College St NE, Lacey WA 98516
Tel 360-412-4497 Fax 360-412-4555 Email assessment@ntps.org

Highly Capable Program (HCP) - Request to Discontinue Services

Name of Student: _____

Current Grade: _____

Current School: _____

Program(s) to Be Discontinued (check all that apply):

- All Highly Capable Program services.
- TAG program at Lakes Elementary.
- Middle school Highly Capable English Language Arts/Social Studies pathway.
- Middle school Highly Capable Math pathway.

Effective Date: _____

Reason for discontinuation of Highly Capable Program services:

Name of Parent/Guardian requesting discontinuation: _____

Address: _____
Street City, State Zip Code

Tel: Home _____ Cell _____ Alternate _____

Email: _____

Parent/Guardian Acknowledgment and Understanding

By signing below, I acknowledge that I am requesting to discontinue my student's placement in the Highly Capable Program and understand that reentry may require screening and/or testing and meeting current eligibility requirements.

Signature: _____ Date: _____

Para obtener ayuda con el idioma en este formulario, envíe un correo electrónico a assessment@ntps.org para solicitar una traducción.
Để được hỗ trợ ngôn ngữ đối với biểu mẫu này, vui lòng gửi email đến assessment@ntps.org để yêu cầu dịch thuật.
이 양식과 관련하여 언어 지원이 필요하시면 assessment@ntps.org 로 이메일을 보내 번역을 요청해 주십시오.
Para sa tulong sa wika sa form na ito, mag-email sa assessment@ntps.org upang humiling ng pagsasalin.
Mo se fesoasoani i le gagana i lenei fomu, imeli assessment@ntps.org e talosagaina le faaliliuga.