



Gainesville Independent School District

Gifted and Talented Change of Status Form

Date: _____

Student: _____ Grade: _____ DOB: _____ ID#: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____ Address: _____
(Street Address) (City, State, & Zip)

Student is requesting (circle one) **FURLOUGH** / **EXIT** from GISD Gifted and Talented Program.

If furlough, provide the following information:

Duration of requested furlough (up to one academic year): _____

Reason(s) for the furlough:

(Attach documentation if applicable)

If exiting, please know an exit from the program is a permanent status. Once a student exits the program, he/she must repeat the complete assessment process and qualify before being eligible for the program in the future.

Reason(s) for the requested exit:

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

To be completed by District Gifted and Talented Committee:

Request is: _____ Approved _____ Denied Date: _____

_____ G/T Coordinator _____ Principal