

Date:

**(Parent/Guardian Name and Address Here)**

Re: **(Student Name, School & Grade Here)**

Dear Parent/Guardian(s):

You have notified me that you would like to withdraw **(enter first name of child)**  from the Gifted Program at **(name of school).**

In order to process this request, you will need to sign the agreement form where it says **PARENT,** please date, and have your signature witnessed. Please return it to me in the self-addressed envelope.

This is an agreement between you and the West Chester Area School district, stating that the District will discontinue the provision of Gifted programming for your child, per your request, on the date we receive your signed agreement. Once I receive your signed agreement, Gifted services will be discontinued and your child’s status will be changed to regular education. I will then sign the release as the Authorized Representative, and then send you back a copy of the signed agreement for your file. The School District will retain the original.

You may, at any time prior to the graduation of your child from high school, notify the District in writing of your intent to re-instate gifted programming for your child, and within thirty school days of the District’s receipt of that written notice will develop a GIEP for your child contingent upon your continued residence in the District.

Please read the document over carefully and if you have any questions please notify me.

Sincerely,

Gifted Teacher

E-mail address

Phone number @ school