



Chagrin Falls Exempted Village Schools
400 East Washington Street
Chagrin Falls, OH 44022

Consent for Withdrawal from Gifted Services

I hereby give my permission for _____
Child's Name

to be withdrawn (or to not participate) in the following grade level of Gifted service (indicate grade 4, 5, or 6): _____ for the current school year, although he/she meets the eligibility requirements to participate in this program. I understand that once a child has been identified gifted in the state of Ohio, he/she maintains this identification throughout his/her educational career. This withdrawal may be evaluated at the end of the current semester or at the end of the school year to further determine the most appropriate educational setting for my child. I understand that I may contact the school at any time throughout the year to address concerns about my child's educational services and to request my child's re-entrance into any gifted programming for which he/she is eligible.

Parent/Guardian Signature: _____

Relationship to Child: _____

Child's School: _____

Address: _____

Telephone Number: _____