CARLISLE LOCAL SCHOOLS

250 Jamaica Road, Carlisle, OH 45005 ● (937) 746-0710 ● www.carlisleindians.org

Rated EXCELLENT by the Ohio Department of Education ● Larry Hook, M.Ed., Superintendent

Request to Withdraw from Gifted Services:

Student	Grade	Building
Home Address		DOB
Parent/Guardian Name		
Parent/Guardian Email		Home Phone
Area(s) of Identifications:		
☐ Superior Cognitive ☐ Language	Arts □ Math □ Scie	ence
\square Social Studies \square Creative Think	ing 🗆 Visual / Perfor	rming Arts
I understand that by requesting that not be eligible for gifted services, if	<u> </u>	from his/her gifted class that he/she will llowing academic school year.
Signature of parent/guardian (Date)		
Signature of Student (Date) Area(s): Choosing to Waive Opport	unity for Gifted Servi	ces
☐ Superior Cognitive ☐ Language	Arts □ Math □ Scie	ence
☐ Social Studies ☐ Creative Think	ing 🗆 Visual / Perfor	rming Arts
In order for us to better serve our stutell us why your child is withdrawin		t to evaluate our program, please briefly class:
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_		
Signature of Principal /Guidance Co	ounselor (Date)	

Once this form is returned your child will formally be removed from the course. Please

return to Karen McKinley at Chamberlain Middle School 720 Fairview Dr, Carlisle, OH 45005

In partnership with the community, Carlisle Schools strives to be the benchmark of academic excellence in education through superior teaching of a rigorous curriculum.