



Rossford Exempted Village School
Gifted Education Services Department

Permission To Participate

Participation

My child, _____, has my permission to participate in the GEARS (Gifted Education Advancing Rossford Schools) Program at Eagle Point Elementary School.

(Parent/Guardian Signature)

(Date)

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Non-participation

I do not wish to have my child, _____, participate in the GEARS (Gifted Education Advancing Rossford Schools) Program at Eagle Point Elementary School.

(Parent/Guardian Signature)

(Date)

Please return this form to your child's teacher prior to the end of this school year. If you have any questions contact Maria Pratt or Karen Creps.

Sincerely,

Mrs. Maria Pratt
Gifted Intervention Specialist
Eagle Point Elementary
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Mrs. Karen Creps
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