



**Rossford Exempted Village Schools**

GIFTED EDUCATION SERVICES

203 Eagle Point Road

Rossford, OH 43460

Phone: 419-666-1174 Fax: 419-662-3050

**Withdrawal Form**

**Parent/Guardian/Educator(s):** Please supply the following information so we may continue to evaluate and plan gifted services and programs. Thank you.

*Please Print:*

**Student Name** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian/Educator(s) Signature** \_\_\_\_\_

Please explain the main reason your child is withdrawing from the Gifted Education Program at this time.

---

---

---

---

---

---

---

If your child wishes to re-enter the Gifted Education Program, please submit the request for reinstatement on the Re-Entry Form found on the district website.

Please return this form to your building principal.