



Request for Furlough From GT Program

Campus: _____ Date: _____

Student's Name: _____

Student ID#: _____ Grade: _____

Student should be furloughed from the Gifted/Talented Program for the following reasons:

Student's Signature

Date

Parent's Signature

Date

Principal's Signature

Date

Counselor's Signature

Date

GT Specialist's Signature

Date

The original form should be placed in the student's cumulative folder and a copy sent to the GT Coordinator.