



Parent/Guardian Request for Withdrawal from Gifted and Talented Programs

I request that my child, _____, be removed from the Horry County Schools Gifted and Talented Program. I understand that if my child is removed from the Gifted and Talented Program, he/she may not participate for the remainder of this current school year. Further, I understand that my child will not be required to re-qualify for service in the Gifted and Talented Program and will be eligible to return for service at the beginning of the next school year. It is my responsibility to advise the school if I wish for my child to return to the Gifted and Talented Program. I understand that he/she will have missed a significant portion of the curriculum designed for gifted and talented students.

I am requesting the removal of my child from the HCS Gifted and Talented Program for the following reason(s):

I understand that the Evaluation and Placement Team for the gifted and talented program will review this request and notify me in writing of a final decision.

Date: _____ Parent Signature: _____

Name of Student: _____

School: _____ Grade: _____