



Groveport Madison Schools Gifted and Talented Education

4400 Marketing Place, Suite B
Groveport, OH 43125
(phone) 614-492-2520 | (fax) 614-492-2532

Service Discontinuation Consent Form

_____ Student Name
_____ Student School of Service
_____ Student Grade
_____ Parent Name
_____ GIS/ Teacher Name
_____ Today's Date

I, _____, parent or guardian of _____,

would like to officially remove him/her from the current gifted service being offered. I understand that this removal is not permanent. Should an available service be more appropriate at a later time, I understand my student will be invited to participate at that time.

Please share a brief explanation of the circumstances that led your family to this decision:

Parent Signature _____ Date _____

Principal Signature _____

GIS or Coordinator Signature _____

Additional Information any team member would like to provide:

