



Tecumseh Local Schools



Gifted Services

Opt-Out Form

Student Name: _____ DOB: _____

School Year: _____ Grade Level: _____

Area(s) of Identification:

Service(s) Offered:

Briefly describe your reason for opting out. This is not required but may help with programming decisions.

By signing this form you are waiving your child's right to gifted service for the school year indicated above. This does not disqualify your child from services in future school years as they are available.

Parent(s)/ Guardian(s) Name: _____

Signature 1: _____

Signature 2: _____

Please return to your child's principal. Questions can be directed to the building or to the Special Education Office at 937-845-4495.