



Fairfield County Educational Service Center

Request to Decline Gifted Services

Student: _____ Grade: _____ DOB: ____/____/____

District: _____ School: _____

In the state of Ohio, parents may choose to decline gifted services for their child. If you do not wish to have your child participate in gifted services, please inform the district by submitting this documentation to the school office to the attention of the building principal and/or gifted coordinator. Your child will not be placed into instruction that is provided solely as a gifted service without your permission. This will take effect for the remainder of the current school year and for all future school years until the district is informed otherwise. Once your child is identified as gifted, s/he will remain eligible for gifted services until s/he graduates.

I wish to decline gifted service(s) in the following subject area(s):

- Mathematics Social Studies Other _____
- English Language Arts Science

Reason for declining service: _____

Signature: _____ Date: _____

Name (Print): _____

***Please return to the Building Principal, Gifted Intervention Specialist,
or Gifted Coordinator.***

