



# Springboro Community City Schools



## Office of Gifted Services

### Request for Withdrawal/Waiver of Service

This is a request to withdraw my child \_\_\_\_\_ from the following gifted service(s)

\_\_\_\_\_ for the \_\_\_\_\_ - \_\_\_\_\_ school year.

Grade Level \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

_____	_____	_____
Parent/Guardian Signature	Printed Name	Date

_____	_____	_____
Principal/Assistant Principal Signature	Printed Name	Date

_____	_____	_____
Gifted Intervention Specialist Signature	Printed Name	Date

_____	_____	_____
Gifted Coordinator Signature	Printed Name	Date

Please return to: **Office of Gifted Services**  
1685 South Main Street  
Springboro, OH 45066  
(937) 748-3960 (ext. 2053)