



SPRINGBORO SCHOOLS

1685 S. Main St. Springboro, OH 45066 | 937.748.3960 | www.springboro.org

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:
Springboro Community City Schools
Attn: Gifted Department
1685 S. Main Street
Springboro, OH 45066
(937) 748-3960 ext. 6006