



Gifted and Talented Education

348 South Cassingham Road • Bexley, Ohio 43209

Phone: 614-231-7611 • Fax: 614-231-8448

CONSENT FOR GIFTED AND TALENTED SERVICES

STUDENT'S NAME: _____

SCHOOL: _____ GRADE: _____

_____ I grant permission for my child to participate in Gifted and Talented Education services to meet a portion of his or her educational needs. I understand that I have the right to withdraw my child from these services at any time by submitting a written request to withdraw.

_____ I DO NOT want my child to participate in Gifted and Talented Education services at this time. I understand that my child remains eligible for these services, and that I have the right to enroll him or her in future services by providing written consent.

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PARENT/GUARDIAN SIGNATURE

DATE

Please return to the appropriate building Gifted Intervention Specialist, or send to:

*Gifted and Talented Education (GATE)
Bexley City Schools
348 South Cassingham Road
Bexley, OH 43209*