



# North Thurston Public Schools

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## Highly Capable Program Request to End Placement Form

Name of Student: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current School: \_\_\_\_\_

I would like to discontinue Highly Capable Program services for my student.

Effective Date: \_\_\_\_\_

Name of Parent/Guardian Requesting discontinuation of Highly Capable Program services:

\_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City, State*

*Zip Code*

Tel: Home \_\_\_\_\_ Cell \_\_\_\_\_ Alternate \_\_\_\_\_

Email: \_\_\_\_\_

Reason for discontinuation of Highly Capable Program services:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_