

Indication of Return to Home Campus

I have chosen to withdraw my child from the FBISD G/T Academy. I understand that by completing and returning this form, I have indicated that my child relinquishes his/her place at the G/T Academy and will attend his/her zoned middle school campus beginning as soon as possible. I understand that this process is final and cannot be reversed. Furthermore, I understand my child may not be able to complete the high school Spanish I credit until 8th grade, and/or I understand that Spanish II is not available at my zoned campus. I give permission for Quail Valley Middle School to notify my child's home campus of the transfer and request that all records be transferred to his/her zoned middle school campus as soon as possible. **Prior to processing, all transfers are required to meet with GTA Coordinator.**

As the G/T Academy continues to grow and strives to meet the needs of its students, please provide a reason for leaving the academy program:

Student Name: _____

Student ID #: _____ Student Zoned Campus: _____

Parent/Guardian's Printed Name

Parent/Guardian Signature

GT Academy Coordinator Printed Name

GT Academy Coordinator Signature

Date of Request/Meeting

INTERNAL ONLY:

Date Processed: _____

Registrar Signature: _____