

**Clover School District  
Programs for the Academically Gifted and Talented (GT)**

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**Request for Removal (Parent/Guardian)**

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I request that my child, \_\_\_\_\_, be removed from the Gifted and Talented Program. I understand that if my child is removed from the Gifted and Talented Program, he/she may not participate for the remainder of this current school year. Further, I understand that my child will not be required to requalify for service in the Gifted and Talented Program and will be eligible to return for service at the beginning of the next school year. It is my responsibility to advise the school if I wish for my child to return to the Gifted and Talented Program since he/she will have missed a significant portion of the curriculum designed for the Gifted and Talented students.

I am requesting the removal of my child for the following reason(s):

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I understand that the District Evaluation/Placement Team for the Gifted and Talented Program will review this request and might notify me of a date and time to discuss this request.

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Signature of Parent/Guardian

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Date

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Name of Student

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Grade

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School

Please return completed form to:  
**Nick LaFave, Personalized Learning Instructional Specialist**  
Clover School District  
604 Bethel Street, Clover, SC 29710