



P-5 Instruction & Early Learning Programs

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LEAP EXIT FORM

STUDENT NAME:

SCHOOL:

DATE:

TEACHER:

GRADE:

STUDENT ID:

The parents/guardians of _____ have requested that their student be withdrawn from
Student Name
the LEAP program at _____ Elementary. This procedure will go into effect when all
Current School
signatures are complete and dated. _____ will retain their identification as a LEAP
Student Name
student and has the option to access LEAP services throughout their K-12 education.

Parent/Guardian Signature

Date

Teacher Signature

Date

Elementary Principal Signature

Date

Highly Capable Program Director Signature

Date