



**P-5 Instruction & Early Learning Programs**

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**HIGHLY CAPABLE PROGRAM EXIT FORM**

**STUDENT NAME:**

**SCHOOL:**

**DATE:**

**TEACHER:**

**GRADE:**

**STUDENT ID:**

The parents of \_\_\_\_\_ have requested that they be withdrawn from the Highly Capable self-contained program at \_\_\_\_\_ Elementary and transferred to a general education classroom at their neighborhood school, \_\_\_\_\_. This procedure will be completed at the end of the 2023-2024 school year. \_\_\_\_\_ will retain their identification as a highly capable student.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Highly Capable Teacher Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Elementary Principal Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Highly Capable Program Director Signature**

\_\_\_\_\_  
**Date**