



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The parents of _____ have requested that they be withdrawn from the Highly Capable self-contained program at _____ Elementary and transferred to a general education classroom at their neighborhood school, _____.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 2024-2025 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