



ST. BERNARD PARISH SCHOOL BOARD

This letter serves as documentation that I am declining Gifted/Talented Services offered by the St. Bernard Parish School System for my child _____. I understand that by declining services my child will no longer receive additional enrichment and exposure to subjects taught within this program. I understand that I may request an IEP to reinstate **Gifted/Talented services** at anytime. Triennial Reevaluations and/or Waivers will be held every three years so that my child retains his/her exceptionality.

I agree to the above statement and choose to withdraw my child _____ from the Gifted/Talented program in St. Bernard Parish Schools.

Parent Signature: _____ Date: _____

Witnessed by: _____ Date: _____