

ACADEMIC OFFICE
Gifted and Talented Education
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José L. Banda, Superintendent
Iri3.96 572.04, Ed.D,lc 11.00[(Iw [(C)5.9(h-10i)Tm
Education

Request to NOT Participate in Gifted and Talented Education Services Screening

Student's Name: _____ Grade: _____

School: _____ Classroom Teacher: _____

I am requesting that my son/daughter **NOT** Participate in the gifted and talented educational services screening provided by Sacramento City Unified School District. I understand that by checking this box, my child will not be screened for potential Gifted and Talented Education Services during the 2016-17 school year.

Date: _____

Parent/Guardian Signature: _____