

TRANSYLVANIA
COUNTY SCHOOLS

Superintendent
Dr. Jeff McDaris

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Transylvania County Schools
Withdrawal
Academically/Intellectually Gifted Program

To: (School)_____

I, _____ (*parent name*), withdraw my child,
_____ (*student's full name*) from the
Academically/Intellectually Gifted Program, effective _____ (date). I
understand that a later referral to the Team of Academically Gifted (TAG) and
subsequent TAG approval will be necessary for reinstatement.

Parent Signature

Date