



# Allen Independent School District Gifted and Talented Program

## Furlough Request Form

Date \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ ID# \_\_\_\_\_

DOB \_\_\_\_\_

Parent/Student Request

District Selection Committee Recommendation

Reason for furlough: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated length of furlough: \_\_\_\_\_

Upon the selection committee's recommendation, identify performance goals for the student to return to the program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The performance goals were shared with the parent at a conference on

\_\_\_\_\_  
(Date)

Upon the selection committee's recommendation, signature(s) of representative:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

If parent and/or student request:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Attach to PEIMS form and send to Advanced Academics Office**