



**Allen Independent School District
 Gifted and Talented Program
 Furlough Request Form**
Please return to Learner Services office by fax or email
 Fax: 972-727-0434
gifted@allenisd.org

Date _____ Campus _____ Grade _____

Student _____ ID# _____

DOB _____

- Parent/Student Request
- Teacher/Campus Administrator Request

Reason for furlough: _____

Date of furlough: _____
 (A furlough is granted for a full year unless otherwise requested.)

*A student may furlough for a period no longer than one school year. At that time, the student will re-enter the following school year or be exited from the program.

***A student may furlough once K-6 and once 7-8.** Beginning grades 9-12 identified gifted students may choose the designated gifted course, or self select other courses as desired, with gifted identification to remain through graduation.

Signature(s):

Name	Title
_____	(Humanities teacher-1 signature)
_____	Campus Administrator/Counselor
_____	Parent
_____	Gifted Coordinator

Upon completion of furlough, return signed form to Learner Services

OFFICE USE ONLY:

- *Enter furlough date into system.
- *Copy for completed furlough form will be mailed to parent.
- *Copy provided to campus.

Effective the school year of: _____