

# **SKAMANIA SCHOOL DISTRICT**

## **HIGHLY CAPABLE SERVICES**

### **OPT OUT FORM**

**I/We do not want our child (please print your child's name): \_\_\_\_\_  
to participate in the Highly Capable Eligibility Process. I understand that my student will not be  
eligible for any new Highly Capable Services.**

**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return to the main office at your child's school no later than \_\_\_\_\_.**