

## Highly Capable Program Permission for Program Placement

Student Name	Grade	
School		
☐ I am accepting placement in the Highly Capable Program.		
☐ I wish to decline placement in the Highly Capable Program.		
☐ I wish to defer placement in the Highly Capable Program until the	academic year.	
Parent/Guardian Signature	Date	

DISTRICT STAFF: Please forward this completed form to the Highly Capable TOSA.