

Webster Groves School District
Gifted and Talented Program and Fine Arts Gifted Program
Furlough Request Form

Date: _____

NOTE: PRIOR TO ANY FURLOUGH REQUEST, A CONFERENCE BETWEEN PARENT/GUARDIAN, TEACHER, AND STUDENT MUST BE HELD.

Date of Conference: _____

Persons in Attendance: _____

I, _____, request a furlough from the ___ *Gifted and Talented Program*
(Parent/Guardian)

or the ___ *Gifted Fine Arts Program* on behalf of _____.
(Student Presently Participating)

School: _____ Grade: _____ Teacher/Team: _____

Parents'/Guardians' Names and Address: _____

_____ Phone Numbers: _____

Reason(s) for request:

To be completed following Care Team Meeting – Date:

_____ Furlough Granted / Date: _____ (Furlough is granted for the current school year.)

_____ Furlough Not Granted

Comments: _____

(Signature, Student)

(Signature, Parent/Guardian)
