



NOVATO UNIFIED SCHOOL DISTRICT

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Request to NOT Participate in Gifted and Talented Education (GATE) Screening OPT-OUT Form for the 2017-18 School Year

Parents/Guardians: To exclude your child from GATE screening/testing for the 2017-18 school year, please complete and return this form to Michelle Stephens in the NUSD Instruction and Innovation Department, 1015 Seventh Street, Novato, CA 94947 no later than **December 1, 2017**.

Student's Name: _____ Grade: _____

School: _____ Classroom Teacher: _____

I am requesting that my son/daughter **NOT** Participate in the Gifted and Talented Education screening provided by Novato Unified School District. I understand that by signing below, my child will not be screened/tested for potential Gifted and Talented Education Services during the 2017-18 school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (*please print*): _____

Reason for not participating (*optional*):

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