

**Liberty Hill ISD Gifted and Talented/STRIVE  
Change of Status Form**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

(street, or apt #) (City, State, & Zip)

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

Student is requesting (circle one) **FURLOUGH** / **EXIT** from LHISD Gifted and Talented/STRIVE Program.

**If furlough**, give the following information:

Duration of requested furlough (up to one academic year): \_\_\_\_\_

Reason(s) for the furlough:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Documentation Attached)

**If exiting**, please be aware that an exit from the program is a permanent status. Once a student exits the program, he/she must repeat the complete assessment process and qualify again before being eligible for the program in the future.

Reason(s) for the requested exit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by District GT Committee:**

Request is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

\_\_\_\_\_  
District GT Coordinator

\_\_\_\_\_  
Campus Counselor