

Jacksboro Independent School District
Gifted and Talented
Furlough from Services Form

Student's Name: _____

Grade: _____ Teacher: _____

Requested by: _____ Date: _____

Length of Furlough Requested _____

Reason for request: _____

Date of committee meeting: _____ Return date: _____

Gifted/Talented Committee Decision:

Furlough Granted: _____ Length of Furlough: _____

Furlough Denied: _____

Comments: _____

Signatures:

Parent:		Committee Member:	
Student:		Committee Member:	
Committee Member:		Committee Member:	