



Richland-Bean Blossom Community School Corporation

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47429

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www.rbbcsc.k12.in.us

RBBCSC HIGH ABILITY PROGRAM Exit Request Form

Student Name _____ Grade _____

Teacher/counselor _____ Date _____

Person initiating request

Student

Parent

Teacher

Reasons for request to exit programming

Prior action taken (circle all that apply). Include appropriate documentation.

Phone call

Conference

e-mail

Suspension of service

Other (specify) _____

Parent/guardian signature

Date

Signature of high ability coordinator

Date