

**DECLINATION SHEET**

I \_\_\_\_\_  
Student Name

**DECLINE** the opportunity to participate in the \_\_\_\_\_  
(name of program)

**GIFT program at this time. I understand that if in the future I choose to enroll in any GIFT program it will be necessary for me to reapply and go through the application process.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please return this form to the GIFT office located at 622 College Avenue in Thatcher.**

**Mailing address: 615 N Stadium Ave., Thatcher, AZ 85552**

**FAX (928) 348-3037**