



DECLINATION FORM

I, _____
Student Name

DECLINE the opportunity to participate in the _____
(name of class or program)

GIFT class/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. I also understand that if in the future, I choose to enroll in any GIFT program it may be necessary for me to pay all or a portion of my tuition upfront for the next semester. The amount paid upfront for the next semester tuition may be reimbursed to the student by GIFT following successful completion of the semester.

Student Signature

Parent/Guardian Signature

Date

Please return this form to the GIFT District Office located at:

3998 W. Ball Park Street, Thatcher, AZ 85552

PHONE (928) 348-3393

FAX (928) 348-3037