

Katy Independent School District  
**Petition for KAP/AP Course Exit**

Student's Name:	Last	First	Middle	Course
Student ID Number:	G/T Course <input type="checkbox"/> Yes <input type="checkbox"/> No		Grade Level	Teacher

I request an exit from the course stated above for the following reason(s):
I have completed all requirements for this petition. <input type="checkbox"/> I have conferenced with the teacher about my course performance and have implemented recommendations for improvement. <input type="checkbox"/> I have attended all recommended tutorials. <input type="checkbox"/> I have completed all assignments.  Teacher's Signature: _____
<input type="checkbox"/> I have discussed the implications of a course change with my counselor and the Gifted and Talented (GT) Facilitator.  Counselor's Signature: _____  GT Facilitator's Signature: _____

As the student (or parent), my signature below indicates that I understand the implications of a course change for my (or my student's) grade in the course and for UIL eligibility.

Signature of Student:	Date:
Signature of Parent:	Date:

Counselor Use Only	
<input type="checkbox"/> Petition Granted	<input type="checkbox"/> Petition Denied
Signature of Counselor:	Date:
Additional Signature:	Date:
Additional Signature:	Date:

Original: Student's File  
 Copy to: Counselor  
           GT Facilitator, if applicable  
           Student

Revised: 9-27-2021