



# Cancellation 2023-2024

This completed form authorizes the School Choice Office to **CANCEL** the special assignment for:

**Please Print**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Number: \_\_\_\_\_

**Assignment Type:** \_\_\_\_\_ Magnet \_\_\_\_\_ Special Transfer Option (STO)  
\_\_\_\_\_ Charter \_\_\_\_\_ Special Assignment (Home School, McKay, etc.)

My child will be:

\_\_\_\_\_ attending home education program \_\_\_\_\_ attending school out of state  
\_\_\_\_\_ attending private school \_\_\_\_\_ attending school in another FL District  
\_\_\_\_\_ **attending a DCPS school:** \_\_\_\_\_  
DCPS School Name

**Reason for Cancellation:** \_\_\_\_\_

**I will contact the school I am cancelling.**

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Contact Phone Number

**FAX forms to**  
**904-390-2070**

**OR**

**Email forms**  
**Magnet, STO, or Special Assignment** to school\_choice@duvalschools.org  
**Charter cancellation**, email duvalcharter@duvalschools.org

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Signature of School Choice Personnel

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Date Processed