

Cancellation 2020-2021



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

<p>FAX forms to 904-390-2070 OR Email forms <u>Magnet, STO, or Special Assignment</u> to school_choice@duvalschools.org <u>Charter cancellation</u>, email duvalcharter@duvalschools.org</p>	
_____ Signature of School Choice Personnel	_____ Date Processed