

PINELLAS COUNTY SCHOOLS  
EDUCATIONAL ALTERNATIVE SERVICES

# STUDENT DECLARATION OF INTENT TO TERMINATE SCHOOL ENROLLMENT

I, \_\_\_\_\_ INTEND TO  
(PRINT NAME)  
WITHDRAW FROM HIGH SCHOOL AND ACKNOWLEDGE THAT NOT COMPLETING  
HIGH SCHOOL (DROPPING OUT) IS LIKELY TO REDUCE MY FUTURE EARNING  
POTENTIAL.

Signed: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
(Student Signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)

High School: \_\_\_\_\_

Signature of Administrator/Counselor \_\_\_\_\_

Parent notification of student declaration of Intent to Terminate School Enrollment

Person notifying parent: \_\_\_\_\_ Date of notification: \_\_\_\_\_

Method of notification: Conference \_\_\_\_\_ Telephone \_\_\_\_\_ Other \_\_\_\_\_

