

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 _____

