

PINELLAS COUNTY SCHOOLS
EDUCATIONAL ALTERNATIVE SERVICES

STUDENT DECLARATION OF INTENT TO TERMINATE SCHOOL ENROLLMENT

*I INTEND TO 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's Signature)

High School: _____

_____ Date : _____
(Parent/Guardian's Signature)

Parent notification of Student Declaration of Intent to Terminate School Enrollment

Person notifying parent: _____ Date of notification: _____

Method of notification: Conference _____ Telephone _____ Other _____

