



**STUDENT
DECLARATION OF INTENT TO TERMINATE
SCHOOL ENROLLMENT**

(Name of School)

I HEREBY ANNOUNCE MY INTENT TO TERMINATE ENROLLMENT IN SCHOOL

Name of Student: _____

Date of Birth: _____ Age: _____

Address: _____

Signed: _____ Date: _____
(Student's Signature)

Signed: _____ Date: _____
(Parent's Signature)

Parent Notification of Student's Declaration of Intent to Terminate School Enrollment	
Person notifying parent _____	Date of Notification: _____
(Please Check One)	
Method of notification: _____ Conference _____ Telephone _____ Letter _____ Other _____	
Exit Interview Conducted by: _____	Date: _____

Professional, Intervention, & Community Services
Dr. Michelle Gayle
Deputy Superintendent