

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 _____

<u>Parent notification of student declaration of Intent to Terminate School Enrollment</u>		
Person notifying parent: _____	Date of notification: _____	
Method of notification:	Conference _____	Telephone _____ Other _____

