

Cancellation 2024-2025

This completed form authorizes the School Choice Office to **CANCEL** the special assignment for:

Please Print

Student Name: _____ Date of Birth _____

Student Number: _____

Assignment Type: _____ Magnet _____ Special Transfer Option (STO)
_____ Charter _____ Special Assignment (Home School, McKay, etc.)

My child will be:

_____ attending home education program _____ attending school out of state
_____ attending private school _____ attending school in another FL District
_____ **attending a DCPS school:** _____
DCPS School Name

Reason for Cancellation: _____

I will contact the school I am cancelling.

Parent/Guardian Name (Print) Parent/Guardian Signature Date Contact Phone Number

FAX forms to

904-390-2070

OR

Email forms

Magnet, STO, or Special Assignment to school_choice@duvalschools.org

Charter cancellation, email duvalcharter@duvalschools.org

Signature of School Choice Personnel

Date Processed