Cancellation 2026-2027

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

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

Rev 3/2026