

St. Lucie Public Schools

Intent to Terminate School Enrollment for High School Students

I hereby declare my intent to terminate enrollment in school and acknowledge that this action is likely to reduce my future earning potential. I further acknowledge that this action will be reported to the Department of Safety and Motor Vehicles and the Florida Department of Children and Families.

Student's Name: _____ DOB _____
Please Print

Student's Signature: _____ Date _____

Parent's/Guardian's Name: _____
Please Print

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

Withdrawal interview conducted by phone by _____, Print School Staff Member's Name
title _____ on _____ with the student and parent student
Please Print Date

parent because of student and/or parents inability to come to the school and sign this Declaration. This staff person states that all information recorded on this form reflect the statements of the parent and/or student at the time of the interview.

Signature of School Staff Member: _____ Date _____

Initial all that are appropriate:

_____ Educational options have been explained.

_____ It is the student's intention to enroll in:

- IRCC GED Program
- IRCC Adult High School
- PACE
- Home Education
- Military
- Work Force
- Other _____

_____ Educational options have been explained and the student has no current plans to enroll in one of the options.

_____ The parent/guardian does not want the student to withdraw, but acknowledges that the student will not return to school. Educational options have been explained to the parent.