## Cancellation

Thiscompleted form	authorizes the	School Choice	Office to CANCEL the special assi	gnment 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 anot	ther FL D istrict
attending a DCPS school: DCPS School Name				
Reason for Cancellati	on:			

I will contact the school I am cancelling.