Cancellation 4 5

Thiscompleted 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 Sc	chool, McKay, etc.)	
My child will be:					
attend ing home education program		attending school out of state			
attend ing private school				attending school in another FL D istrict	
attend	ing private school		attending school in	another FL D istrict	
	ing private school		attending school in	another FL D istrict	
			attending school in DCPS School Name	another FL D istrict	
attendir	ng a DCPS school:				
attendir	ng a DCPS school:		DCPS School Name		
attendir	ng a DCPS school:		DCPS School Name		