



**STUDENT  
DECLARATION OF INTENT TO TERMINATE  
SCHOOL ENROLLMENT**

\_\_\_\_\_  
(Name of School)

**I HEREBY ANNOUNCE MY INTENT TO TERMINATE ENROLLMENT IN SCHOOL**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student's Signature)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent's Signature)

**Parent Notification of Student's Declaration of Intent to Terminate School Enrollment**

Person notifying parent \_\_\_\_\_ Date of Notification: \_\_\_\_\_

(Please Check One)

Method of notification: \_\_\_\_\_ Conference \_\_\_\_\_ Telephone \_\_\_\_\_ Letter \_\_\_\_\_ Other \_\_\_\_\_

Exit Interview Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Professional, Intervention, & Community Services  
Dr. Michelle Gayle  
Deputy Superintendent

05/2024