



The School District of Escambia County

Office of School Choice

30 E. Texar Drive • Pensacola, Florida 32503

Phone (850) 469-5580 • Email: schoolchoice@ecsdfl.us

NOTICE OF TERMINATION/WITHDRAWAL

Name of Parent(s)/ Guardian(s): _____

Address: _____

Street

City

Zip Code

Telephone: _____ E-mail Address: _____

In compliance with section 1002.41(1) (a), this form serves as written notice to terminate the Home Education Program and/or withdraw from Escambia Virtual Academy for the students(s) listed below:

Name of Child	Date of Birth	Last Grade Completed

Was the student enrolled in Escambia Virtual Academy? Yes No

Was the student enrolled in the k12™ Program? Yes No

Reason for Termination (Choose One):

Returning to ECSD Public School (List: _____)

Enrolling in Private School (list): _____

Moving out of District (list): _____

Enrolling in Adult Program (list): _____

Note: Students enrolling in an adult program MAY NOT return to a public school or home school program.

Other (Please Specify): _____

Date Program Terminated: _____

Was the student participating in any before- or after-school activities or sports at the zoned school?

Yes No If yes, what is the name of the school? _____

Which activities/sports? _____

Parent's Signature

Date

Return completed form to the Escambia County School District Office of School Choice at the address above.