Cancellation 2025-2026



This completed 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 Tre	pecial Transfer Option (STO)		
Charter Special Assign I acknowledge canceling this special assignment will release the school to fill the			•	nment (Home School, McKay, etc.) he enrollment slot being vacated by my	
student. This may result in my grade level.	student not being able to ret	urn to the schoo	l capacity no longer	exists in my student's	
School assignment k	being canceled:				
My child will be:					
attending home education program attending school out of state					
attending private school attending school in another FL District					
attending a	DCPS school:				
DCPS School Name					
Reason for Cancellation:					
I <u>will</u> contact the school I am cancelling.					
Parent/Guardian Name (Prin	t) Parent/Guardia	n Signature	Date	Contact Phone Number	
Email forms					

Magnet, STO, or Special Assignment to school_choice@duvalschools.org

Charter cancellation, email duvalcharter@duvalschools.org

Signature of School Choice Personnel

Date Processed