



The School District of Escambia County

Office of Escambia Virtual Academy

2400 Longleaf Drive, Bldg 3 Pensacola, FL 32526

Phone: (850) 469-5457 Fax: (850) 941-6105

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 student(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

Do you have a Chromebook or Computer issued by Escambia Virtual Academy? 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 Escambia Virtual School at the address above.