

## School Choice Program – Termination Form

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

(Please circle the best number to contact you during daytime hours)

Choice School Now Attending \_\_\_\_\_

District of Residence \_\_\_\_\_

Resident School to Which You Will Return \_\_\_\_\_

**Herewith, I apply to terminate the School Choice Placement for my above named student for the \_\_\_\_\_ school year; effective as of (date) \_\_\_\_\_.**

**Please note:** *If this Choice Termination application is submitted for the current school year, you must provide a "Good Cause" reason in the form of a letter or in the space provided below. Along with your "Good Cause" reasoning you must provide the appropriate supporting information needed to substantiate your request to move your child during the regular school year pursuant to 14 Del.C., §402(2).*

**If this request is filed prior to December 1<sup>st</sup> for the next school year, no letter or supporting information is necessary.**

**In the space below, please explain the Good Cause reason you are requesting to terminate your student's School Choice placement.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent, Guardian or Relative Caregiver's Signature**