

Parent Request to Withdraw Student from SES Services  
and Notification to District

\_\_\_\_\_  
Date

Mrs. Vicki Davis  
Assistant Superintendent  
Special Programs Office  
16651 SE River Street  
Blountstown, FL 32424

Dear Mrs. Davis:

My child, \_\_\_\_\_, is currently enrolled  
in Supplemental Educational Services provided by  
(Name of SES Provider) \_\_\_\_\_. I am  
requesting to withdraw my child from these services for the following  
reason(s): \_\_\_\_\_

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

\_\_\_\_\_ I would like to go with my next choice as indicated on my child's SES  
Application form.

\_\_\_\_\_ I do not want SES for my child at this time.

Sincerely,

\_\_\_\_\_  
Authorized Parent/Guardian Signature and Date

***If a parent requests that the Provider withdraw a student from the program,  
the Provider should notify the District in writing stating the reason(s) for  
the request.***

Forward this form to the District Office  
By mail, fax (850-674-4743) or by email to  
[jenny.hill@calhounflschools.org](mailto:jenny.hill@calhounflschools.org)

Date District Notified: \_\_\_\_\_ Date District Received: \_\_\_\_\_