Statement of Non-participation for Teenage Parent Program

Student’s Name _______________________________ Student Number ___________________________

School / Site Number __________________________ Grade Level __________________________

Per federal and state law, pregnant and parenting students and their children shall be entitled to participate in teenage parent programs designed to provide comprehensive educational and ancillary services to facilitate the student’s completion of high school. Students participating in teenage parent programs shall be eligible for all services afforded to students enrolled in programs pursuant to Section 1003.54, Florida Statutes and Rules 6A-6.05221 and 6A-6.05291, F.A.C.

As the parent/guardian of the above-named student, I refuse my child’s participation in:

- Childcare Services
- Health Services
- Social Services
- Parent Education
- Transportation

I (we) have read and understand the services offered through the Teenage Parent Program. I do not wish to participate in the Teenage Parent Program.

Signature of Student: ___________________________ Date: _________________

Signature of Parent/Guardian: ___________________________ Date: _________________

Signature of School Contact: ___________________________ Date: _________________

Please submit copy to Teenage Parent District Office
Fax: 813.559.8300

Revised 7/30/19