## FLORIDA DEPARTMENT OF EDUCATION



Office of Independent Education and Parental Choice

## DECLARATION OF NON-PARTICIPATION



SCHOOL NAME AND ADDRESS: Southeastern Military Academy 602 SW Biltmore St. Port St Lucie FL 34983 DIRECTOR/ADMINISTRATOR NAME: Molly WeierMAN

DOE SCHOOL CODE: 5433

DATE PARENTS WERE NOTIFIED OF NON-PARTICIPATION:  $\lambda I / A$ 

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# OF STUDENTS ENROLLED IN MCKAY:	# OF STUDENTS ENROLLED IN FTC:
1. By action of this form, this school declares its int  (Place a check mark  John M. McKay Sch  X Florida Tax Credit S  Gardiner Scholarshi  2. Effective date: July  Month  Day	k next to all that apply.) nolarship Program Scholarship Program ip Program
3. Reason for Non-Participation:  Pursuing other funding	
4. Is the school closing?YES _X NO *** location of student records (as required by Section	* If YES, please give the date of closure, and the n 1002.42(3), Florida Statutes):
scholarship students, should provide parents of sc participating in the scholarship program.	state scholarship program, yet retaining enrollment of sholarship students notice that the school is no longer
Melly Westman! Printed Name of School Director/Administrator	772-621-9104 Telephone Number
Trilly Signature of School Director/Administrator	mollyvch @ AoL-Com Email Address
7/ju/18 Date	
TO REINSTATE PARTICIPATION ELIGIBILITIE compliance requirements before receiving scholarshi	ES: The school will be required to meet all State law p funding.
Office of Independent Edi	ucation and Parental Choice
325 W. Gaines Street • Suite 1044 • Tallahassee,	FL 32399-0400 • (800) 447-1636 • Fax (850) 245-0875