

Home Education Termination Notice



In compliance with Florida Statutes 1002.41, this is written notice to terminate the Home Education program for the following child:

Name of Child	Date of Birth

The enrolling parent is the **only** person who can terminate home education.

Reason for Termination (Must indicate one choice):

- Completion of the Home Education Program (Graduating): _____
Date of Completion
- Enrolling in a public or private school in Brevard County: _____
Name of School
- Enrolling/Moving out of County but in FL: _____
Name of County

Name of School
- Enrolling/Moving out of state: _____
Name of State

Name of District/County

Name of School

Date of Termination: _____

It is very important that student enrollment in one program is terminated before attempting to enter another program.

_____ (PLEASE PRINT) Name of Parent or Guardian			
Address	(Number and Street)	City	Zip Code
_____ Telephone Number			
_____ Parent Signature (please use BLUE ink) <u>FAXED OR EMAILED FORMS CAN NOT BE PROCESSED.</u>			
Return completed form to the following:		Home Education ESF – Pod 4 2700 Judge Fran Jamieson Way Viera, FL 32940-6699	