



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 Student	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 (Electronic or ink signature is acceptable)			
Return completed form to the following: HomeEducation@brevardschools.org			
Or U.S. Mail to:			
Home Education			
ESF – Pod 4			
2700 Judge Fran Jamieson Way			
Viera, FL 32940-6699			