

**Notice of Termination
of a
Home Education Program**

Date: _____

To the Superintendent of _____ School District

This is to inform you that effective _____, the home education program
datepreviously established for the below named child(ren) has been/will be terminated.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

These children reside at:

Street _____

City: _____, FL Zip: _____

Sincerely,

Parent/Guardian signature

Printed name

Keep a copy for your records

Mail (return receipt requested) to your school district within 30 days of terminating your program.