THE SCHOOL DISTRICT OF WAKULLA COUNTY

Notification of Termination of Home Education Program

Use of this form is optional. It is provided for the parent's/guardian's convenience

In compliance with section 1002.41 (1)(a), Florida Statutes this is written notice from the parent/guardian to terminate the home education program for the following child(ren). The parent/guardian is responsible for keeping the home education student's complete portfolio and learning log for two full years. Students ages 6-16 are subject to compulsory school attendance per sections 1003.21, 1003.24, Florida Statutes. For additional information call the Department of Education's Home Education Office at (850) 245-0502.

NAME(S) OF CHILD(REN)		DATE OF BIRTH
1		
2		
3		
4		
5		
6		
Name of Parent(s) / Guardian(s): PRINT PARENT/GUARDIAN NAME	SIGNATURE OF A	PARENT/GUARDIAN SIGNATURE DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE OF	PARENT/GUARDIAN SIGNATURE DATE
Address	CITY	STATE ZIP CODE
Pelephone () Date of termination/		The reason for termination is: (optional) 9 Entry to public or private school (School Name)
		9 Moving out of Wakulla County 9 Graduation from High School (e.g., correspondence program) 9 Other (specify)
FAX: (850) 926-0125 PHONE: (850) 926-0	0065	

Documents/homeschool/form-Termination of Notification.docx