



NOTICE OF TERMINATION OF HOME EDUCATION PROGRAM

Name of Parent(s)/Guardian: _____

Home Address: _____ City: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

In Compliance with Section 1002.41(1) (a), this form serves as written notice to terminate the Home Education Program for the student(s) listed below:

Name of Child	Date of Birth	Last Grade Completed

Reason for Termination:

_____ Enrolling in Volusia County Schools (If so, Name of School: _____) _____

Enrolling in private school

_____ Moving out of state

_____ Moving to another county in Florida

_____ Completion of High School (Graduated) Date of Completion/Graduation: _____

_____ Taking the General Education Diploma (GED) Test

_____ The child has reached age sixteen (16) and is no longer subject to the compulsory law providing a Declaration of Intent to Withdraw has been signed.

_____ Other: _____ Program

Termination Date: _____

Parent(s)/Guardian Signature: _____ Date: _____

You may email, fax or mail completed form to the below address:

Volusia County Schools
Home Education Dept.
P.O. Box 2118
Deland, FL 32721-2118
Email: HomeSchool@groups.volusia.k12.fl.us