



NOTICE OF HOME EDUCATION PROGRAM TERMINATION

Date: _____

Child(ren)'s Name:

Date of Birth: & Grade

Home Address: _____

Parent's Phone: _____

Parent's Email: _____

Student(s) will be enrolled at: _____

Parent Signature: _____

Date: _____

Mail/Email to:
Bradford County School District Home Education Department
501 W. Washington Street
Starke, FL 32091
(904) 966-6849
Email: Richardson.Stephen@mybradford.us

This form is provided for the parent/guardian's convenience and is optional. A written letter may be used in its place