



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
c/o Bradford Elementary School

3856 SE 144 Ave

Starke, FL 32091

(904) 966-6849

Email: smith.gerald1@mybradford.us

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