

GULF DISTRICT SCHOOLS

NOTICE OF TERMINATION HOME EDUCATION PROGRAM – DISTRICT FILE

Date: _____

In accordance with **Florida Statute § 1002.41**, I am providing written notice that I am terminating the Home Education Program for the student identified below.

STUDENT INFORMATION

Student's Full Legal Name: _____

Date of Birth: _____

Home Address: _____

Effective Date of Termination: _____

REASON FOR TERMINATION (*Optional*)

____ Completion of Program ____ Return to Public School ____ Other

If Other, please specify: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

I certify that I am the parent/guardian responsible for the Home Education Program for the student identified above and am providing notice to Gulf District Schools of the termination of the student's Home Education Program.

Parent/Guardian Signature: _____

Date: _____

FOR DISTRICT USE ONLY

Date Notice Received: _____ Effective Date: _____

Received/Processed By: _____

Student Record Updated: ____ Yes ____ N/A

DISTRICT RECORD: Retain this form with the student's Home Education records. Maintain supporting annual evaluation documentation in accordance with District recordkeeping procedures.