



Notice 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. The parent / guardian is responsible for keeping the home education student's portfolio and learning log for two (2) full years. Students ages 6-16 are subject to compulsory school attendance per sections 1003.21 and 1003.24, Florida Statutes. For additional information, contact the Home Education Office at homeed@palmbeachschools.org or (561) 434-8052. One form must be submitted per child.

*** Required fields**

Child's First Name *	MI	Last Name *	Birth Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Termination: public school or private school

School name _____

- Moving out of Palm Beach County Moving out of Florida Completion of High School (e.g. correspondence program)
- Taking the GED (General Education Diploma) test
- Other (specify) _____

Parent / Guardian Name *	Email Address	Phone #	
Home Address *	City *	State *	Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am the parent/guardian of the above listed child and I am authorizing termination of home education enrollment. My typed name represents my electronic signature.

Annual Evaluation is due 30 days after we receive the Notice of Termination.

Parent / Guardian Signature * _____ Date * _____

Prior to clicking Go, print a copy for your records.