



**SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA
NOTICE OF TERMINATION OF HOME EDUCATION PROGRAM**

Section One: Student Information

Student Name: _____
Last First Middle

Date of Birth: _____

Parent/Guardian Name(s): _____

Residential Address: _____
Street Apartment/Unit

City State Zip Code

Email Address: _____

Primary Phone Number: _____ Other Phone Number(s): _____

Date of Home Education Program Termination: _____

Reason for Termination (Select ONE):

- ☐ Enrolling in a public or non-public school. School Name & Location: _____
- ☐ Home Education program completed.
- ☐ Student has attained the age of 16, and parent and student choose not to continue schooling. I understand that terminating school enrollment is likely to reduce earning potential. In addition, I realize that issuance of a driver's license shall be suspended until age 18.
- ☐ Other Reason _____

Section Two: Notice of Termination

In compliance with section 1002.41, Florida Statutes, the home education program for the above student is terminated. I am aware of school attendance requirements in section 1003.21, Florida Statutes. I am also aware that it is my responsibility to preserve the student's home education portfolio for two years.

Parent/Guardian Signature: _____

Today's Date: _____

This form & any other documents may be submitted in person or via U.S. mail, fax, or scan & email

Contact Home Education:	Web: www.scps.k12.fl.us/homeeducation	Email: homeschool@scps.us
Telephone: 407-746-6760	Address: 400 East Lake Mary Blvd. Sanford, FL 32773	Fax: 407-320-0248