



Home Education Termination Notice

In compliance with Florida Statutes 1002.41, this is written notice to terminate the Home Education program for the following child:

Name of Student	Date of Birth

The enrolling parent is the **only** person who can terminate home education.
Reason for Termination (Must indicate one choice):

- Completion of the Home Education Program (Graduating): _____
Date of Completion
- Enrolling in a public or private school in Brevard County: _____
Name of School
- Enrolling in the Personalized Education Program (PEP) through the Florida Tax Credit Scholarship Program.
- Enrolling/Moving out of County but in FL: _____
Name of County

Name of School
- Enrolling/Moving out of state: _____
Name of State

Name of District/County

Name of School

Date of Termination: _____

**It is very important that student enrollment in one program is terminated before attempting to enter another program.*

(PLEASE PRINT) Name of Parent or Guardian		
Address (Number and Street)	City	Zip Code
Telephone Number		
Parent Signature (Electronic or ink signature is acceptable)	Date	
Return completed form to the following to: HomeEducation@brevardschools.org		
Or U.S. Mail to: Home Education ESF – Pod 4 2700 Judge Fran Jamieson Way Viera, FL 32940-6699		