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.*

_____
Name of Parent or Guardian (PLEASE PRINT)

_____
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