



**NOTICE OF TERMINATION OF HOME EDUCATION PROGRAM**

Name of Parent(s)/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

In Compliance with Section 1002.41(1) (a), this form serves as written notice to terminate the Home Education Program for the student(s) listed below:

Name of Child	Date of Birth	Last Grade Completed

Reason for Termination:

\_\_\_\_\_ Enrolling in Volusia County Schools (If so, Name of School: \_\_\_\_\_)

\_\_\_\_\_ Enrolling in private school

\_\_\_\_\_ Moving out of state

\_\_\_\_\_ Moving to another county in Florida

\_\_\_\_\_ Completion of High School (Graduated) Date of Completion/Graduation: \_\_\_\_\_

\_\_\_\_\_ Taking the General Education Diploma (GED) Test

\_\_\_\_\_ The child has reached age sixteen (16), and is no longer of compulsory school age.

\_\_\_\_\_ Other: \_\_\_\_\_

Program Termination Date: \_\_\_\_\_

Parent(s)/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You may email, fax or mail completed form to the below address:

**Volusia County Schools**  
**Home Education Dept.**  
**P.O. Box 2118**  
**Deland, FL 32721-2118**  
**Email: [HomeSchool@groups.volusia.k12.fl.us](mailto:HomeSchool@groups.volusia.k12.fl.us)**