



**District School Board of Pasco County
Home Education Program
Letter of Termination**

**Written Notice of Intent to Terminate a Home Education Program is Required By State Statute
(Section 232.0201(1)(a))**

Dear Superintendent:

It is my intention to no longer home educate my child.

(Please Print Clearly)

Child's Name: _____

Date of Birth: _____ Student ID # _____

The date the home education program was or will be terminated is _____

The reason for termination is:

(Please check appropriate box)

My child has been or will be enrolled in a public, parochial, or private school.

Name of school: _____

My child has been awarded a high school diploma by _____

My child has reached age sixteen (16) and is no longer of compulsory school age.
(Please note that state law requires your child to be reported for loss of driver's license if this is the reason for program termination.)

My child will no longer reside in Pasco County, Florida. My child's new residence will be in _____
Street, City, State, Zip

Other (please specify) _____

Parent/Guardian Name: _____

Telephone: #() _____ Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____

Mail To: District School Board of Pasco County
7227 Land O' Lakes Blvd.
Land O' Lakes, Florida 34638
Attn: Home Education Program
Or Fax to 813-794-2915
eMail homeed@pasco.k12.fl.us