



Pasco County Schools Home Education Program Letter of Termination

Required By State Statute 1002.41 (1) (c)

Dear Superintendent / **Home Education Office:**

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

(Please Print Clearly)

Student Name: _____

Date of Birth: _____ Student ID # _____

Program close / termination date (*please be specific*): _____

Reason for termination:

(Please check all that are appropriate)

- ☐ **Student has been / will be enrolled in a public, private , or parochial school**
PLEASE provide next school of enrollment: _____
- ☐ Student has completed Home Education (Affidavit of Completion included)
- ☐ Student is over compulsory school age.
- ☐ Student will no longer reside in Pasco County, Florida.
New residential address: _____
- ☐ My student has been Awarded a Step-Up for Students Scholarship:
Please attach award notification
- ☐ Other (please specify) _____

Parent/Guardian Name: _____

Telephone: _____ Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Signature: _____

Please return to homeed@pasco.k12.fl.us

OR

Mail To: Pasco County Schools
7227 Land O' Lakes Blvd. Land O' Lakes, Florida 34638

Attn: Home Education Program