

Notice of Termination of Home Education with Hernando County School District



Instructions for Termination per F.S. 1002.41:

Complete a letter of termination (this form) and annual evaluation to the school district upon completion of the home education program, enrollment in a public or private school or moving from the district.

Name (First Last)	Date of Birth	Last Grade Completed

Reason for Termination (optional):

☐ Returning to Public School- Name of School: _____

☐ Returning to Private School- Name of School: _____

☐ Moving out of District- County/State: _____

☐ Obtaining a GED

☐ Other (please specify): _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Return form to:

*The School District of Hernando County, Florida
School Choice*

Brooksville, FL 34601

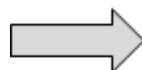
Phone: (352) 797-7000

Fax: (352) 797-7151

Email: homeeducation@hcsb.k12.fl.us

DISTRICT USE ONLY

Affix Received stamp here



Received by HCSB: _____

Withdrawn: _____

Supervisor of School Choice:
