

**LETTER OF TERMINATION OF HOME EDUCATION PROGRAM
IN ST. JOHNS COUNTY**

THE FOLLOWING INFORMATION MUST BE COMPLETED (PLEASE PRINT)
Please complete a separate form for each child.

STUDENT'S FULL LEGAL NAME

BIRTHDATE

(Last)

(First)

(MI)

(Month) (Day) (Year)

MAILING ADDRESS

(Street or PO Box)

(City, State, Zip)

Please provide an email address if you would like to receive confirmation.

Parent Email: _____

In compliance with Florida Statute 1002.41(1)(a), this is written notice to terminate the Home Education Program for my child.

I am terminating the Florida Home Education Program for my child because he/she is/has

___ returning to public school. (Name and location of school optional _____)

___ enrolling in private school. (Name and location of school optional _____)

___ moving out of St. Johns County. (City / State optional _____)

___ completed the home education high school program.

___ attained the age of sixteen (16), and is no longer of compulsory school age. We understand that terminating school enrollment is likely to reduce earning potential. In addition, I realize that my issuance of a driver's license shall be suspended until I reach age 18.

Parent/Guardian's Signature

Date

Child's Signature (if 16 years of age)

Date

FORWARD THIS COMPLETED FORM TO THE ADDRESS PROVIDED BELOW:

Home Education Department 40
Orange Street
St. Augustine, FL 32084
Leslie.Johnson@stjohns.k12.fl.us
Fax 904-547-7683

For Office Use Only

To be completed by St. Johns County School District

Date received by SJCS D _____