



ST JOHNS COUNTY SCHOOL DISTRICT
NOTICE OF TERMINATION OF HOME EDUCATION PROGRAM

Section One: Student Information

Student Legal Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Parent/Guardian Name(s): _____

Residential Address: _____
(Street & Apt/Unit, no PO Box) (City, State, Zip)

Parent/Guardian Email Address: _____

Parent/Guardian Primary Phone Number: _____

Parent/Guardian Other Phone Number(s): _____

Date of Home Education Program Termination _____

Section Two: Reason for Termination

- Enrolling in a Public School Enrolling in a Private School
School Name & Location (optional) _____
- Moving out of St. Johns County. City and State (optional) _____
- Completed Home Education Program
- Attained the age of sixteen (16), and student is no longer of compulsory school age. I understand that terminating school enrollment is likely to reduce earning potential. In addition, I realize that issuance of a driver's license to my child shall be suspended until age 18.
- Other Reason _____
- PEP

Section Three: Notice of Termination

In compliance with Florida Statute 1002.41 (1)(a), this is written notice to terminate the Home Education Program for my child. I am aware of the school attendance requirements in section 1003.21, Florida Statutes. I am also aware that it is my responsibility to preserve the student's home education portfolio for two years.

Parent/Guardian Signature _____ Date _____

Student's Signature (if 16 or 17 years of age) _____ Date _____

Please submit this form by email to HomeEd@stjohns.k12.fl.us