

Home Education Program Termination Form

This form is provided for the parent's/guardian's convenience, a written letter may be used in its place.

DATE	:			
TO:	The Superintendent of Scho	ools		
RE:	E: NOTICE OF HOME EDUCATION PROGRAM TERMINATION			
	npliance with Section 1002.4 ation of our home education		s, this serves as our written notice of ng will be withdrawn:	
Child's Name:			Date of Birth:	Date of Birth:
				_
				_
Home	Address:			
Parent	's Email:			
1 aront	<u></u>			
Studen	nt(s) will be/are enrolled at:			
Data o	f Termination	Parent Signature		
Date 0	i i Cililliation	i archi signature		
Mail to	Home Education Of 2306 Kingsley Ave.		il to: HSCinfo@myoneclay.net Phone: (904) 336-9892	

FORM AVAILABLE AT http://claycountyhomeschool.weebly.com

Fax: (904) 336-9881

Orange Park, FL 32073