

HOME EDUCATION LETTER OF TERMINATION NOTICE

Dear Superintendent:

It is my intention to terminate the home education program(s) of the following child (ren):

NAME	(DOB)	RETURNING TO (SCHOOL NAME)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check the reason of termination:

_____ The child(ren) has/have been or will be enrolled in a public, parochial, or private school. **Please attach verification on official letterhead. This also provides consent for release of information from any other educational facility.**

_____ The child has reached age sixteen, and is no longer of compulsory school age. **Intent to withdraw must be signed.**

_____ The child will no longer reside in Putnam County, Florida. Our new address will be

_____ (Address) (City) (State) (Zip) (Phone #)

_____ Other: _____

I understand that I, as parent and/or guardian am responsible for my child/ren's education and that according to Florida Attendance Law students between the ages of 6 and 16 are required to attend school. I am terminating this Home Education Program and providing verification of the school they will be attending. Names of students of driving age between the ages of 15 and 18 who have terminated their program but have not verified their enrollment through another school or program will be submitted to the DMV as not attending school.

Terminated by: _____
Home Education Parent's Signature Date Termination signed

Date of termination of Home Education Program _____ Date of enrollment at above school _____

Parent/guardian contact information:

_____ (Address) (City) (State) (Zip) (Phone #)

The annual evaluations and/or tests for the above students _____ are _____ are not due and _____ have _____ have not been submitted. Portfolio reviews have been _____ compliant _____ non-compliant.

_____ Annual evaluation(s) and/or tests are attached and will be made available to the school.

PLEASE RETURN TO:
SUPERINTENDENT OF SCHOOLS
Attn: Darlene Deel
200 South Seventh Street
Student Services, Room #04
Palatka, FL 32177

Form may be faxed to (386) 329-0607

Putnam County School District
Home Education Program
Student Services, Room #4
200 South Seventh Street
Palatka, FL 32177

Memo

Our records indicate that you had previously signed your student/s up for the Putnam County School District Home Education Program. As of today's date, we notice that you are now using another option for educating your student. In order to terminate your Home Education Program and withdraw your student from this program, please sign and return this termination notice either to our office or to the educational facility from whom you received this form.

Until this termination form is filed, your student is still enrolled as a Putnam County School District Home Education Student. Please provide documentation of the educational facility your student is using along with this signed termination form.

If you have any questions, you may call me at (386) 329-0538, email me at sdeel@putnamschools.org, or come to Student Services at the above address.

It is our desire for your child to excel in his/her education. If we can assist, please do not hesitate to call.

Thank you so much for your help.

Darlene Deel
Home School Coordinator