

**Notice of Termination of Home Education Program**

**School Board of Polk County**

**Home Education Office**

604 Central Ave S

Lakeland, Florida 33815

(863) 225-1141

[home.education@polk-fl.net](mailto:home.education@polk-fl.net)

Name of Parent(s)/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

In Compliance with Section 1002.41 (1) (a), this form serves as written notice to terminate the Home Education Program for the student (s) listed below:

Name of Child	Date of Birth	Last Grade Completed

Reason for Termination:

\_\_\_\_\_ Returning to Polk County public school

\_\_\_\_\_ Enrolling in private school

\_\_\_\_\_ Moving out of District/out of State

\_\_\_\_\_ Other: (please Specify \_\_\_\_\_)

Program Termination Date \_\_\_\_\_

Parent/Guardians' Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Email or mail completed form to the School Board of Polk County**

**To be completed by the School Board of Polk County**

Rec'd SBPC: \_\_\_\_\_ Notify Parent: \_\_\_\_\_ FLVS: \_\_\_\_\_ Database: \_\_\_\_\_ Scanned: \_\_\_\_\_