



TERMINATION FORM



The School District of Osceola County, FL
Student Achievement – Our Number One Priority

Dear Superintendent:

It is my intention to no longer home educate the following child(ren).

Student's Legal Name Date of Birth School Name (if returning to school)

The reason is (*check one*):

The child has been or will be enrolled in a: public or private school.

The child has reached age sixteen (16), and is no longer of compulsory school age.

The child will reside in another: county state.

Other _____

Home Education Parent's Signature

Date

Address: _____

Phone Numbers: _____

Return to:

Educational Choices and Innovation

Attn: Home School

1200 Vermont Ave.

St. Cloud, Florida 34769

Email: homeeducation@osceolaschools.net

FAX: (407) 343-8672