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:

Charter Schools and Educational Choices Department
Attn: Home School
1200 Vermont Ave.
St. Cloud, Florida 34769
Email: homeeducation@osceolaschools.net

FAX: (407) 343-8672