## THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA OFFICE OF SCHOOL CHOICE

1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000 X32255 FAX (941) 927-4021 EMAIL controlledopenenrollment@sarasotacountyschools.net

## **HOME EDUCATION PROGRAM NOTICE OF TERMINATION**

<u>Instructions</u>: In compliance with F.S. 1002.41(1)(c), parent/guardian must submit the <u>required</u> annual evaluation and a written notice of termination upon completion of the Home Education Program to the Sarasota County Schools Superintendent within 30 days of terminating. This form may be used to provide written notice when a parent/guardian terminates a home school program. Information requested in the first section is <u>required</u> upon termination of a Home Education Program. Information requested in the second section is optional. Return the completed, signed form to the Office of School Choice at the address above.

Student Information (Print)

<b>\</b>			
Name (First, Middle, and Last)	Address (Street, City, State, and Zip)		DOB
Date Program Terminated		_	
Date Termination Notice Submitted			
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date	
OPTIONAL			
F.S. 1002.41 does <u>not</u> require parents/guardian Program. This section may be completed or left	ns to provide the below information when termin blank.	nating a Ho	me Education
Returning to Sarasota County public school Scho	ool Name (Print)		
Enrolling in private school			
School Name	City	State	Zip
Moving out of district			
City		State	Zip
Other (specify)			
OFFICE USE ONLY			
Received by Name (Print)	Date _		
Distribution: Origin	al – Office of School Choice Copy – Parent/Guardian		

RET: Master, 4AY aft comp/term program, GS7 156