

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

**HOME EDUCATION PROGRAM NOTICE OF TERMINATION**

**Instructions:** In compliance with F.S. 1002.41(1)(c), parent/guardian must submit the required 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 required 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)

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 SECTION**

F.S. 1002.41 does not require parents/guardians to provide the below information when terminating a Home Education Program. This section may be completed or left blank.

Returning to Sarasota County public school \_\_\_\_\_  
School 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:                      Original – Office of School Choice                      Copy – Parent/Guardian