



## TERMINATION OF HOME EDUCATION PROGRAM

In compliance with F.S. 1002.41(1), this notice shall serve as our written notice of termination of our home education program. The information below should reflect the full legal name(s), address, and birthdate(s) of child/children who shall be terminated from the home education program.

| Child/Children Name(s) | Date of Birth |
|------------------------|---------------|
|                        |               |
|                        |               |
|                        |               |
|                        |               |

|                           |            |            |  |
|---------------------------|------------|------------|--|
| Parent/Guardian Name      |            | Email      |  |
| Address                   |            |            |  |
| Home Phone                | Cell Phone | Work Phone |  |
| Reason for Termination    |            |            |  |
| Parent/Guardian Signature |            | Date       |  |

A completed **Notice of Termination** must be filed upon the completion of the home education program along with the annual evaluation within 30 days of termination you may submit using the [online submission link](#) or sending this form to the District's Home Education office via:

Email            [HomeEd@collierschools.com](mailto:HomeEd@collierschools.com)

Or U.S. mail    Collier County Public Schools  
                          Home Education Office  
                          5775 Osceola Trail  
                          Naples, FL 34109

Or Fax            239-377-0164