

**LAFAYETTE COUNTY SCHOOL DISTRICT
LETTER OF TERMINATION
HOME EDUCATION PROGRAM**

Dear Superintendent:

In compliance with Section 232.02 (4)B(1), Florida Statutes, this is written notice of intent to terminate a home education program for my child(ren).

Student Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

The reason for termination is:

_____ Return to public school, new school name: _____ Grade: _____

_____ Enrolling into private school, new school name: _____ Grade: _____

_____ Moving to another district, new district name: _____

_____ Graduating from home school.

_____ Other (please specify): _____

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Telephone Contact Information

Home Address: _____

**Return this form to:
Becky Sharpe, Home Education Coordinator
Lafayette County School District
160 NE Hornet Lane
Mayo, Florida 32066**

Office: (386) 294-1417

Fax: (386) 294-4141

Email: bsharpe@lcsbmail.net