



## NOTIFICATION OF TERMINATION OF A HOME EDUCATION PROGRAM

In compliance with Section 1002.41(1)(a), Florida Statute, this is written notice of intent to terminate a home education program for my child.

Please Print:

STUDENT INFO		
First	Middle	Last
DOB: <i>mm/dd/yyyy</i>	Phone #:	Parent/Guardian Name:
Mailing Address:	City	Zip

### The reason for termination is:

- Return to public, parochial, or private school \_\_\_\_\_  
(Name of School)
- Moving from the district
- GED (provide copy of GED)
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Submit to:**  
Walton County School District  
**Student Services**  
**Home Education**  
145 Park Street, Suite 5  
DeFuniak Springs, Florida 32435  
Telephone: (850) 892-1100 FAX: (850) 892-1185  
[www.walton.k12.fl.us](http://www.walton.k12.fl.us)

FOR WCSD OFFICE USE ONLY:		
Date Received:	W/D from WCSD Home School <input type="checkbox"/>	Entered into FOCUS <input type="checkbox"/>