



**District School Board of Pasco County  
Home Education Program  
Letter of Termination**

**Written Notice of Intent to Terminate a Home Education Program is Required By State Statute  
(Section 232.0201(1)(a))**

Dear Superintendent:

It is my intention to no longer home educate my child.

**(Please Print Clearly)**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID # \_\_\_\_\_

The date the home education program was or will be terminated is \_\_\_\_\_

The reason for termination is:

**(Please check appropriate box)**

My child has been or will be enrolled in a public, parochial, or private school.

Name of school: \_\_\_\_\_

My child has been awarded a high school diploma by \_\_\_\_\_

My child has reached age sixteen (16) and is no longer of compulsory school age.  
(Please note that state law requires your child to be reported for loss of driver's license if this is the reason for program termination.)

My child will no longer reside in Pasco County, Florida. My child's new residence will be in \_\_\_\_\_  
Street, City, State, Zip

Other (please specify) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone: #(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Mail To:** District School Board of Pasco County  
7227 Land O' Lakes Blvd.  
Land O' Lakes, Florida 34638  
**Attn: Home Education Program**

**Or Fax to 813-794-2915**