LETTER OF TERMINATION OF HOME EDUCATION

tendent:			
n to terminate the	home education program(s) of the follo	owing child(ren):	
	School Name (if returning t	o school)	
		14-100-100-100-100-100-100-100-100-100-1	
rmination is			
	, ,	ochíal, or prívate school.	Proof
stand that my child	will be submitted to FLDOT as not	, fulfilling yearly evaluatior	
hild will no longer r	esíde ín Charlotte County, Florída	The new residence will be	: ín:
	(City)	(State)	
Submitted by: _			
J	Home Education Parent's	Dignature	
Date:			
Address:			
City	State	Zip	
	<u>Return to:</u> Home Education Office		
	Attention: Leanne Fahey		
	18300 Cochran Blvd. Port Charlotte, Florida 33948		
	crmination is	School Name (if returning to School Name (if returning to School Name); straination is	School Name (if returning to school) School Name (if returning to school) (check one): hild(ren) has/have been or will be enrolled in a public, parochial, or private school. bild has reached age sixteen (16), and is no longer of compulsory school age. With stand that my child will be submitted to FLDOT as not fulfilling yearly evaluation may result in the loss or suspension of his/her license until their 18th birthday. hild will no longer reside in Charlotte County, Florida. The new residence will be (City) (State) Submitted by: Home Education Parent's Signature Date: Address: City State Zip Return to: Home Education Office Attention: Leanne Fahey 18300 Cochran Blvd.