



Miami-Dade County Public Schools Home Education Program Notice of Termination

Use of this form is optional.

In compliance with section 1002.41 (1)(a), Florida Statutes, this is written notice from the parent to terminate the home education program for the following child(ren). The parent is responsible for keeping the home education student's complete portfolio for two full years. Students between the ages of 6 and 16 are subject to compulsory school attendance, per sections 1003.21, 1003.24, Florida Statutes.

	NAME(S) OF CHILD(REN)	DATE OF BIRTH
PRINT	1. _____	____/____/____
	2. _____	____/____/____
	3. _____	____/____/____
	4. _____	____/____/____
	5. _____	____/____/____

Name of Parent(s): _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

The reason for termination is:

Entry to public or private school

School Name: _____

Moving out of Miami-Dade County

Moving out of Florida

Completion of High School (e.g., correspondence program)

Other (specify): _____

Signature of Parent

Date

SUBMIT COMPLETED FORM TO: HomeEducation@dadeschools.net

Miami-Dade County Public Schools
Florida Home Education Program
489 East Drive
Miami Springs, Florida 33166
Telephone (305) 883-5310