

Suwannee County School District
Home Education Program
NOTICE OF TERMINATION

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

Student Name	Date of Birth	Student Name	Date of Birth

The reason for termination is:

<input type="checkbox"/> Enrolling in district public school:	District School Name	Grade Level
<input type="checkbox"/> Enrolling in private school:	Private School Name	Grade Level
<input type="checkbox"/> Moving out of District	New District Name	
<input type="checkbox"/> Graduating from Home Education	Graduation Date	
<input type="checkbox"/> Terminating to Adult Education	District School Name	Grade Level

Parent/Guardian Name (print)	Email	Phone
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Address:	Street	City	State	Zip
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Parent/Guardian Signature	Date
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Return Form To:

Dee Dee McManaway, Virtual and Home Education Coordinator
702 2nd Street NW • Live Oak, Florida 32064
Office Phone: (386) 647-4243 • Fax: (386) 364-2635 • deidre.mcmanaway@suwannee.k12.fl.us

For Home Education Compliance Office Use Only

Verification of Registration:	___yes ___no	
Annual Evaluation Current	___yes ___no	
Name of receiving school (if applicable): _____		
Date of enrollment in receiving school (if applicable): _____		
<i>Student is truant if date is 3 days from withdrawal date.</i>		
Action Taken: _____		
Print staff members name	Signature	Date