

Office Use Only: Rcvd By _____ Date _____ Uploaded By _____ Date _____

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
_____	_____
_____	_____
_____	_____
_____	_____

Please check the reason for termination.

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

Parent/Guardian Name (print)		Email	Cell Phone	
_____		_____	_____	
Address:	Street	City	State	Zip Code
_____	_____	_____	_____	_____
Parent/Guardian Signature			Date	
_____			_____	

Return form to:

Lisa Garbett, Suwannee Virtual School and Home Education Coordinator
305 SW Pinewood Drive. Live Oak, FL 32064
Office Phone: (386) 647-4243
lisa.garbett@suwannee.k12.fl.us