

COLUMBIA COUNTY SCHOOL DISTRICT

ADMINISTRATIVE COMPLEX

372 West Duval Street Lake City, FL 32055

Phone (386) 755-8000

FAX (386) 755-8029

Website: columbia.k12.fl.us

NOTICE OF TERMINATION FROM COLUMBIA COUNTY SCHOOL DISTRICT HOME EDUCATION PROGRAM

Dear Superintendent/Designee;

It is my intention to terminate the home education program(s) of the following child(ren):

Child's Name	Grade	School Name (if returning to school)

The date of termination is _____

The reason for termination is (check one):

- The child(ren) has/have been or will be enrolled in a public, parochial, or private school.
- The child has reached the age of sixteen (16) and has my permission to withdraw.
- The child(ren) will no longer reside in Columbia County, Florida. The new residence will be in

_____ City _____ State

Other (Please Explain) _____

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_____ Home Education Parent Signature _____ Date Signed

Address _____

City/State/Zip _____ Phone () _____