

From Parent(s): _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

To: Pinellas County Schools
Attn: Home Education Department
301 4th Street SW
Largo, FL 33779-2942

Re: Notice of TERMINATION of a Home Education Program

Attn: Home Education Department:

This letter is to inform you that the home education program for following child(ren) has been terminated:

	Student's Full Name	Date of Birth	Grade	Social Security Number	Male or Female	*Race
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

***Race:**
 White, Non-Hispanic **W**
 Black, Non-Hispanic **B**
 Hispanic **H**
 Asian or Pacific Islander **A**
 American Indian or Alaska Native **I**
 Multiracial **M**

Parent Signature

Date