THERESA AXFORD Superintendent of Schools

Name of Child



Members of the Board

District #2 ANDY GRIFFITHS Chairperson

District # 5 DR. SUE WOLTANSKI Vice-Chairperson

District # 1
DARREN HORAN

District # 3
MINDY CONN

District # 4

Monroe County School District Alternative Education Centers/Home Education Home Education Termination Notice

Date of Birth

In compliance with Florida Statutes 1002.41, this is written notice to terminate the Home Education program for the following child:

	e enrolling parent is the <u>only</u> person who can terminate home education. Reason for mination. (Must indicate one choice):		
0	Completion of the Home Education Program (Graduating): Date of Completion		
0	Enrolling in a public or private school in Monroe County: Name of School		
0	Enrolling/Moving out of County but in FL:		
	Name of County		
	Name of School		

Enrolling/Mo	oving out of State:		
	Nam	e of State	
	Nam	e of District/County	
	Name	e of School	
Date of Term	ination:		
It is very impo		ent in one program is termin	ated before attempting to
(PLEASE P	PRINT)	Name of Parent or C	Guardian
Address	(Number and Stre	et) City	Zip Code
Parent Signat	ture/Date (please use Bl	 LUE ink)	Email Address

0

Return completed form to the following:

Alternative Education/Home School 2100 Flagler Ave Key West, FL 33040

Or email to Ayesha Osborne at: Ayesha.Osborne@Keysschools.com