



DUVAL COUNTY  
PUBLIC SCHOOLS

Office of School Choice | Home Education Department  
[HomeEducation\\_SchoolChoice@duvalschools.org](mailto:HomeEducation_SchoolChoice@duvalschools.org)

### Notice of Intent to Terminate a Home Education Program

In compliance with section 1002.40 (1)(a), Florida Statutes, this is written notice from the parent/guardian to terminate the home education program for the following student. The parent/guardian is responsible for keeping the home education student's complete portfolio and learning log for two full years. Students between the ages of 6 and 16 years are subject to

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Student's First Name:

Student's Last Name:

Student's Date of Birth:

Name of Parent or Guardian:

Home Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

11. Indicate the reason for termination:

Entering Public School

Entering Private School

Moving out of Duval County

Completion of High School

Taking General Education Diploma (GED) Test

Other: Please specify:

12. If enrolling in a new school, please specify name of school:

Please print your name below and email completed form to:  
[homeeducation\\_schoolchoice@duvalschools.org](mailto:homeeducation_schoolchoice@duvalschools.org)

By adding your name to the box above, you are agreeing to sign this document electronically, and that your electronic signature is the legal equivalent of your manual signature on this application. You are also certifying that your answers are true and correct.