

**Letter of Termination of Home Education Program  
(In St Lucie County)**

Date: \_\_\_\_\_

St Lucie Public Schools  
Student Assignment Department  
9461 Brandywine Lane  
Port St Lucie, FL 34986

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Letter of Termination of Home Education Program  
(In Martin County)**

Date: \_\_\_\_\_

Superintendent of Schools

*Martin County School District*

*Student Services Office — Home Education*

500 East Ocean Blvd

Stuart FL 34994

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Letter of Termination of Home Education Program  
(In Okeechobee County)**

Date: \_\_\_\_\_

Superintendent of Okeechobee County Schools  
700 SW 2<sup>nd</sup> Ave, Room #306  
Okeechobee, FL 34974

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Letter of Termination of Home Education Program  
(In Martin County)**

Date: \_\_\_\_\_

Superintendent of Schools

*Martin County School District*

*Student Services Office — Home Education*

500 East Ocean Blvd

Stuart FL 34994

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Letter of Termination of Home Education Program  
(In Martin County)**

Date: \_\_\_\_\_

Martin County School District  
Student Services Department  
500 East Ocean Blvd  
Stuart, FL 34994

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Letter of Termination of Home Education Program  
(In Martin County)**

Date: \_\_\_\_\_

Superintendent of Schools

*Martin County School District*

*Student Services Office — Home Education*

500 East Ocean Blvd

Stuart FL 34994

My child's home education program will terminate on \_\_\_\_\_.

Parent/Guardian's Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_