

**NOTICE OF TERMINATION  
OF  
HOME EDUCATION PROGRAM**

DATE: \_\_\_\_\_

TO: Home Education Office  
Gloria R. Lockley, Director  
Duval County Public Schools  
1701 Prudential Drive, 4<sup>th</sup> Floor  
Jacksonville, Fl. 32207-8182

As of, \_\_\_\_\_ I am terminating the Home Education Program for my child,  
(Date of Termination)

\_\_\_\_\_, grade \_\_\_\_\_.  
(Child's First Middle Last Name)

I will enroll my child at \_\_\_\_\_  
(School Name)

for the \_\_\_\_\_ school year.  
(School Year Date)

\_\_\_\_\_  
Parent (guardian) signature

Home Education Office  
Fax # (904) 390-2075  
Phone # (904) 390-2477/390-2476