

Notice of Termination of Home Education Program (HEP)

FLORIDA PUBLIC SCHOOL DISTRICT:

In compliance with Florida Statute 1002.41 (1)(a), effective _____ this letter shall serve as notification of our intent to terminate the Home Education Program for the following student(s):

Full Name	Date of Birth

Reason for Termination: As of _____, the above listed student(s) have enrolled with a private school registered with the Florida Department of Education:

Creative Pathways Preparatory Academy Inc.
195 Ekana Cir
Daytona Beach, FL 32124
School code 9159
creativepathwaysprep.com
creativepathwaysprep@gmail.com

Any questions or concerns regarding the termination of our Home education Program should be submitted in writing to:

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN NAME (PRINTED)