

PINELLAS COUNTY SCHOOLS  
**HOME EDUCATION WITHDRAWAL FORM**

Parent/Guardian Name:

--

Student(s) Name:


Address:

Phone Number:


**Please check boxes below.**

Withdrawing student from Home Education Program and Reason:


Withdrawal Date:

--

I understand when I terminate my Home Education program, I will provide a final evaluation to the office of Home Education within 30 days of my termination date.

Signature of Parent/Guardian

Date

--	--

Mail: Pinellas County Schools, Home Education Department  
P.O. Box 2942  
Largo, FL. 33779-2942  
Fax: 727-588-5038  
Email: CSHE@pcsb.org