



**STATE OF FLORIDA**  
**VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**  
**Good Cause Exemption Application**

**Parents:** Please complete this form and submit it with the required supporting documentation to the local early learning coalition. If the coalition approves this application, the coalition will return a copy of this form to you for delivery to your new VPK provider. You will also be notified if this form is not approved for a good cause exemption.

**Has your child ever previously been reenrolled for good cause or due to extreme hardship in the VPK program?**

- No – If you checked “No,” you may not submit this form. Please complete the Reenrollment Application, Form OEL-VPK 05 (dated 04-09-10) and submit that form directly to the Early Learning Coalition.
- Yes – If you checked “Yes,” continue to item 1. Upon completion, please submit this form directly to the Early Learning Coalition.

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 1. Full Name of Student ( <i>first, middle, last, Jr./Sr./III</i> ):   | 2. Student’s Date of Birth:   |  |                                  |
| 3. Name and Address of the Previous VPK Provider:  |   |  |                                  |
| 4. Name and Address of the New VPK Provider:   |   |  |                                  |
| <p>5. Mark the Box Indicating the Reason(s) for Student’s <b>Good Cause Exemption</b> from the VPK Program’s One-Time Reenrollment Limitation:</p> <p><input type="checkbox"/> A change in the student’s residence that extended the student’s round-trip travel time by 60 minutes or more, to and from the VPK provider, as supported by third-party documentation showing the change (e.g. rental agreement or receipt from rent payment, mortgage, or utility records); or resulted in a temporary stay in a homeless shelter or transitional housing entity, as supported by third-party documentation (e.g. letter from a homeless shelter or transitional housing entity); or resulted in a temporary stay in, or move out of a domestic violence shelter or transitional housing entity, as supported by third-party documentation (e.g. letter from a domestic violence shelter or transitional housing entity or court-issued domestic violence injunction)</p> <p><input type="checkbox"/> A change in a parent’s employment that extended the parent’s or guardian’s round-trip travel time by 60 minutes or more, to and from the VPK provider, supported by an employment letter from the new employer indicating start date or an employment letter from an existing employer showing such a change in employment location</p> <p><input type="checkbox"/> A change in a migrant (as defined in 6M-4.100(16), F.A.C.) parent’s employment, supported by an employment letter from the new employer indicating start date or an employment letter from an existing employer showing a change in employment location</p> <p><input type="checkbox"/> A temporary or permanent change in parent custody or guardianship, supported by legal documentation (e.g., court order or official documentation on DCF letterhead)</p> <p><input type="checkbox"/> Student’s parent(s) is active duty military and deployed (i.e., power of attorney and proof of current military enlistment)</p> <p><input type="checkbox"/> The termination of the student’s VPK class, into which the student was reenrolled, before the student has been funded for 70 percent of the class instructional hours in the program, as confirmed by the coalition on official letterhead or by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> The provider’s inability to meet the student’s educational needs due to the student’s learning or developmental disability as documented by a federal, state, or local governmental official</p> <p><input type="checkbox"/> The VPK student’s initial enrollment was the result of a termination of the student’s VPK class before the student had been funded for 70 percent of the class instructional hours in the program, as confirmed by the coalition on official letterhead or by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> A provider is found to have committed a Class I Violation as defined in 65C-22.010 or 65C-20.012, F.A.C. (as applicable to the provider type), as documented by DCF on official letterhead or from a CCIS screen print</p> <p><input type="checkbox"/> A serious injury to the child that occurred at the provider and which required the provider to contact medical services, as documented on the DCF Accident/Incident Report for licensed providers or on official provider letterhead for license-exempt providers</p> <p><input type="checkbox"/> The student was dismissed from a VPK provider for issues that prevented the provider from meeting the student’s educational needs, as substantiated by the dismissing provider on official letterhead</p> |   |  |                                  |
| <b><u>Informed Parental Consent</u></b>  |   |  |                                  |
| <p>By signing this form, you certify that you have been informed of the number of remaining VPK instructional hours your student is eligible to receive and that you have been informed of the number of instructional hours remaining in the new VPK class you have selected. You certify that you make this choice freely, understanding that your student:</p> <ul style="list-style-type: none"> <li>• May not receive all instructional hours (540 for school-year or 300 for summer) if the number of instructional hours remaining in the new VPK class you selected is fewer than the number of remaining hours of instruction the student is eligible to receive.</li> <li>• May not have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class you select.</li> <li>• May not be granted another good cause exemption in the VPK program.</li> </ul>  |   |  |                                  |
| 6. Full Name of Parent or Guardian ( <i>first, middle, last, Jr./Sr./III</i> ):  | 7. Phone Number:  |  |                                  |
| 8. Address of Parent or Guardian:  | 9. Email Address (if available):  |  |                                  |
| 10. Signature of Parent or Guardian:   | 11. Date Signed:  |  |                                  |
| <b>OFFICIAL USE ONLY – Coalition staff must complete all boxes. If VPK student is eligible for a good cause exemption, return copy of completed form to parent.</b>  |   |  |                                  |
| Student’s Last Day Attended with Previous Provider:  | Student’s Total Remaining VPK Instructional Hours:  | Class ID of <b>Previous</b> Provider:  | Class ID of <b>New</b> Provider: |
| New Provider’s Total Remaining VPK Instructional Hours:  | Student Has Substantially Completed the VPK Program: <input type="checkbox"/> Yes <input type="checkbox"/> No | Student Has Previously Reenrolled For Good Cause or Extreme Hardship: <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| Parent/Guardian or Coalition Provided Supporting Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Good Cause Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved                 | Staff Signature & Date:  |                                  |