



**STATE OF FLORIDA  
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM**

**Reenrollment Application**

1. Full Name of Student ( <i>first, middle, last, Jr./Sr./III</i> ):	2. Student's Date of Birth:
3. Provide the name and address of the previous provider:	
4. Provide the name and address of the new provider:	

5. Mark all boxes indicating reasons for student's withdrawal or dismissal from the VPK program that apply:

**Good Cause.** Student is eligible to receive his or her remaining VPK instructional hours at a new VPK provider or school.

- Illness of student; individual living in the student's household; individual in care of the student's parent/guardian; or student's parent, guardian, sibling, grandparent, step-parent, step-sibling, step-grandparent.
- Disagreement between parent or guardian and provider or school concerning policies, practices, or procedures at provider's or school's VPK program.
- Change in student's residence.
- Change in parent's or guardian's employment schedule or place of employment.
- Provider's inability to meet the student's health or educational needs.
- Termination of a student's class before 70 percent of instructional hours are delivered.
- Student is dismissed by the provider for failure to comply with the provider's attendance policy.
- The provider's designation as a low-performing provider under section 1002.67, Florida Statutes.
- Any condition described as an extreme hardship below (mark proper box under extreme hardship).
- Other.

**Extreme Hardship.** Student is eligible to receive 300 VPK instructional hours in a summer program. (*Requires documentation.*)

- Illness of a student if the illness results in the student being absent from more than 30 percent of the number of hours in the program type for which the student is enrolled as documented by a licensed physician.
- Provider's misconduct or noncompliance which results in provider's inability to offer the VPK program as documented by the early learning coalition.
- The parent's or guardian's inability to meet the basic needs of the student, including, but not limited to, a lack of food, shelter, clothing, or transportation as documented by a federal, state, or local official.
- 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 government official.
- Provider's inability to meet the student's health needs as documented by a licensed physician or a federal, state or local government official.
- Displacement of a student from his or her place of residence or closure of the student's VPK provider as a result of a state of emergency declared by a federal, state or local government official.

**Informed Parental Consent**

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 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.
- Have enough remaining hours of eligibility to attend all instructional hours offered by the provider in the class you select.

6. Full Name of Parent or Guardian ( <i>first, middle, last, Jr./Sr./III</i> ):	
7. Signature of Parent or Guardian:	8. Date Signed:

**OFFICIAL USE ONLY – Coalition staff must complete all boxes.**

Class ID of Previous Provider:		Class ID of New Provider:	
Student's Total Remaining VPK Instructional Hours:	Student's Last Day of Attendance with Previous 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	If Required, the Parent/Guardian Provided Supporting Documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	