



STATE OF FLORIDA VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM STUDENT APPLICATION

Who may complete Form OEL-VPK 01?

A parent registering a student for the VPK program may complete and submit this application with supporting documents to the early learning coalition (ELC) located in the county where the child will attend VPK. Alternatively, the VPK provider where you choose to register your child in the School-Year or Summer VPK program may accept this application if it has been designated to do so by the ELC. If you wish to register a student for the Specialized Instructional Services (SIS) program type, you must complete this form and additional paperwork available from your local ELC and submit all documentation to the ELC. **If your student has already participated in the VPK program, if the class which you wish your student to attend has already begun, or if you are enrolling your student in the SIS program type, do not submit this form to a VPK provider and contact your local ELC for assistance.**

Required proof of residence and age:

To be eligible for the VPK program, a student must reside in Florida and be 4 years old, but not yet 5 years old, on September 1st of the school year. A student remains eligible for the VPK program until the beginning of the school year for which the student is eligible for admission to kindergarten in a public school. **You must provide documentation demonstrating that your student meets these residency and age requirements.** For a list of acceptable documentation, see the instructions for completing Items 4-6 and Items 10-14 below or ask your ELC for details.

Determining VPK student eligibility:

You may submit your application directly to an ELC. Alternatively, you may submit this application to certain VPK providers which are eligible to determine the preliminary eligibility of students. If a VPK provider determines the preliminary eligibility of a student, the VPK provider will submit this form and the required documentation to the ELC for review. The ELC will either determine your child's eligibility or verify the VPK provider's preliminary determination. You will be contacted by the ELC or by the VPK provider to whom you submitted this form regarding your child's eligibility to participate in the VPK Program.

Instructions for Completion of the OEL-VPK 01 Student Application

Part A

I. STUDENT/PROGRAM INFORMATION

Has your child ever participated in the VPK program or has the class in which you wish to enroll your student already begun? – Select No or Yes. If “No” is selected, continue to Item 1. If “Yes” is selected, do not complete this form and contact the ELC for further information.

Item 1. VPK program year.—Enter the VPK program year.

Item 2. Preferred program type.—Select the program type that you wish your child to attend. **Check only one.** Descriptions of each program type are available from your local ELC. If you select the Specialized Instructional Services Provider program type, contact your local ELC.

Item 3. Student's name.—Enter your student's full name.

Items 4-6. Student's date of birth, gender, and social security number.—Enter your student's date of birth, gender, and social security number.

PRIVACY ACT STATEMENT

Submission of your student's social security number on this form is voluntary and not a condition of enrollment in the VPK program. Your student's social security number is requested under s. 119.071(5)(a)2., F.S., for use in the routine identification of your student and for correlation of your student's results on the statewide kindergarten screening to the VPK provider that serves your student in the VPK program for purposes of assigning the VPK provider a kindergarten readiness rate under s. 1002.69, F.S.

You must provide documentation showing your student's date of birth. Examples include a government issued document such as the student's birth record or certificate, passport, certificate of arrival in the U.S., valid military dependent identification card, or a non-government issued document such as an immunization record, or insurance policy on the student's life which has been effective for at least two years. Ask your VPK provider or ELC for a complete list of allowed documents.

Item 7. Primary spoken language.—Enter the language primarily spoken in your student's home. Submission of this information is voluntary and not a condition of enrollment in the VPK program.

Items 8-9. Ethnicity and race.—Enter the ethnicity and race of your student. This information is used for statistical purposes only. Submission of your student's ethnicity or race is voluntary and not a condition of enrollment in the VPK program. A VPK provider is prohibited by law from discriminating on the basis of race, color, or national origin.

Items 10-14. Home address of Student.—Enter the student's home address, including the city, county, state, and postal ZIP Code (*ZIP+4 if available*).

You must provide a document showing proof of the student's residency in Florida. Examples include utility bills, pay stubs, or government-issued documents (*e.g.*, Florida driver's license). *Post office boxes are not sufficient.* Families who are homeless may prove residency with other documents. Ask your VPK provider or ELC for a complete list of allowed documents.

Item 15. In which county do you wish your child to receive VPK?—A child may attend a VPK program in a Florida county other than the Florida county where the child lives. Enter a county name.

II. PARENT INFORMATION

Items 16-21. Name and home address of parent.—Enter your full name and home address, including the city, county, state, and five-digit postal ZIP Code (*ZIP+4 if available*). If your student lives with you, check “Same as Student's Address” box. **If your student does not live with you, your student must live with the other parent listed in items 26-28.**

Item 22. Relationship to student.—Enter your relationship to your student (*e.g.*, *mother, father, guardian, foster parent*).

Items 23-25. Daytime phone number, home phone number, and email address.—Enter your daytime telephone number and home

telephone number, including area code. If you do not have a home telephone, enter a telephone number where you can be contacted. If available, enter your email address. Submission of your email address is voluntary and is not required to determine your student's eligibility for the VPK program.

Items 26-28. Other parent.—Enter the full name of your student's other parent, if applicable, and the relationship of that parent to your student. Enter the other parent's home address. If your student lives at the same address as the other parent, check the "Same as Student's Address" box.

III. OTHER EARLY LEARNING PROGRAMS (optional)

Item 29. Would you like to receive information about other early learning programs or services?—Mark an by "Yes" or "No" to indicate whether you are interested in learning about other early learning programs or services for your family. This information is not required to determine your child's eligibility for the VPK program.

IV. CERTIFICATION

Items 30-31. Parent signature and date.—You must read and certify the listed statements in this section by signing and dating the application. These items must be completed for the application to be complete. A parent may sign using an electronic signature.

Part B (A parent must leave these items blank.)

Enter student's name in the space provided on Part B.

V. DETERMINATION OF PRELIMINARY ELIGIBILITY

If the parent has checked "Yes" to the first question on the application in Part A, do not proceed. Instead, return the application and supporting documents and refer the parent to the ELC.

Item 32. Preliminary Determination of Eligibility.—The VPK provider must mark an to indicate whether it has made a determination regarding the preliminary eligibility of a student for the VPK program. If the provider checks "Yes" proceed to item 32. If the provider checks "No", skip the remaining questions in section V.

Item 33. Review of application and supporting documents. – The VPK provider must mark an to indicate its preliminary determination regarding the student's eligibility. If the VPK provider preliminarily determines that the student is not eligible or that the application is incomplete, the VPK provider must mark an indicating the reason, enter the telephone number of the ELC, and, within five working days, return the application and supporting documents to the parent.

VI. ADMISSION BY VPK PROVIDER

Items 34-39 must be completed by the ELC if the ELC determines the student is eligible, and the parent knows the VPK provider with whom he/she will register the student. Otherwise, items 34-39 must be completed by the VPK provider.

Item 34. Name of VPK provider.—Enter the VPK provider's name.

Items 35-36. Daytime phone number and fax number.—Enter the VPK provider's business telephone number with area code. Enter the VPK provider's business fax number with area code, if available.

Item 37. Address of VPK site (number and street).—Enter the physical street address of the program site where the VPK program is delivered.

Item 38. Student Intended Start Date. —Enter the date the student will start receiving VPK instruction.

Item 39. VPK Class ID.— The VPK provider must assign the student to a class ID that is reflected on the Form OEL-VPK 11A/B. Enter the class ID for the class in which the student is to be enrolled.

VII. VPK PROVIDER SIGNATURE

Items 40-42. VPK provider certification, signature and date.—

The VPK provider must select one of the options under the certification and sign and enter the date.

VIII. ELIGIBILITY VERIFICATION BY EARLY LEARNING COALITION

Item 43. Review of application and supporting documents.—

The ELC must mark an to indicate whether it determines that the student is eligible for the VPK program, that the student is not eligible, or that student eligibility cannot be determined. If the ELC determines the student eligible and provides a certificate of eligibility (COE) for the student, enter the date on which the COE is issued and the COE number in the applicable blanks, and mark an in the "New Enrollment" box. If the ELC determines that the student is not eligible, mark an indicating the reason that the student is not eligible. If the ELC determines that the student's application is incomplete, mark an , explain the reason the supporting documents are inadequate, and return the application form and supporting documents to the parent. **The ELC must send written notification within 30 days of receipt of the form and supporting documents if the VPK provider determined the student's preliminary eligibility as follows: If the ELC determines the child eligible and the VPK class has not begun, the ELC notifies the provider; if the ELC determines the child eligible, but the VPK class has already begun OR if the ELC determines the child not eligible, the ELC notifies the parent AND the provider.**

OFFICIAL USE ONLY

Items 44-46 must be completed by the authorized ELC staff after the VPK provider returns the completed Part B. If a parent has checked the SIS Program box in Item 2 or the ELC has checked the Reenrollment or the Good Cause Exemption box in Item 43, then the ELC staff need not complete item 46.

Item 44. Process Agent and Date.— The authorized ELC staff member who reviews the form and the supporting documents to determine the accuracy of information submitted and student eligibility must sign and date the form when he or she completes processing of the form. Mark an next to each item to indicate that the documentation has been received and verified. If an item is not verified, include the reason in the comment box.

Item 45. Process Manager and Date.— The authorized ELC process manager must sign and date the form to indicate that he or she has reviewed the work of the process agent and has determined that the form has been processed properly and the VPK student's eligibility was determined correctly.

SPECIAL INSTRUCTIONS for Reenrollment or Good Cause Exemption Purposes – Certificate of Eligibility (COE).

An ELC may use Part B of the Student Application when approving a reenrollment for good cause or extreme hardship or when granting a good cause exemption. Note that the parent must complete Form OEL-VPK 05 for a reenrollment or a good cause exemption and not Part A of this application. Notwithstanding rule 6M-8.202(1)(c)2.e. F.A.C., Part B may be used as a COE which is substantially similar to form OEL-VPK 02. Part B may not be used as a COE for the Specialized Instructional Services program type.

When using Part B as a COE for reenrollment or good cause exemption purposes, ensure Sections V. - VII. are completed in accordance with the instructions above. In Section VIII., the ELC must mark an to indicate whether it determines that the student is eligible for a reenrollment or a good cause exemption in the VPK program, enter the COE date and COE number, and mark an indicating whether the student's enrollment is a reenrollment or a good cause exemption. Do not use this form if the ELC determines a VPK student is not eligible for a reenrollment or a good cause exemption.



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN EDUCATION PROGRAM
STUDENT APPLICATION**

Part A

I. STUDENT/PROGRAM INFORMATION

Type or print in black or blue ink

To be eligible for the VPK program, a student must be born between September 2, _____ and September 1, _____.

Has your child ever participated in the VPK program or has the class in which you wish to enroll your child already begun?

No – If you checked “No,” continue to item 1.

Yes – If you checked “Yes,” you **cannot** complete this form. Please contact your Early Learning Coalition directly.

1. VPK Program Year	2. Preferred Program Type (<i>check one</i>):		
	<input type="checkbox"/> School-year program (540 hours)	<input type="checkbox"/> Specialized Instructional Services (SIS) program	
	<input type="checkbox"/> Summer program (300 hours)		
3. Student's First Name	Middle Name	Last Name	Jr./III
4. Date of Birth (<i>mm/dd/yyyy</i>)	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Social Security Number*	7. Primary Language Spoken*
8. Ethnicity* <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	9. Race* <input type="checkbox"/> Asian <input type="checkbox"/> African American or Black <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian or other Pacific Islander		
10. Student's Home Address (<i>Number and Street. No P.O. Boxes.</i>)			
11. City	12. County	13. State FL	14. Zip Code
15. In which county do you wish your child to receive VPK?			

II. PARENT INFORMATION

16. <input type="checkbox"/> Mr. First Name		Middle Name	Last Name		Jr./III
<input type="checkbox"/> Ms.					
17. Parent's Home Address (<i>Number and Street. No P.O. Boxes.</i>)					<input type="checkbox"/> Same as Student's Address
18. City	19. County		20. State FL	21. Zip Code	
22. Relationship to Student	23. Daytime Phone Number	24. Home Phone Number		25. Email Address*	
Other Parent (if applicable)					
26. First Name	Middle Name	Last Name	Jr./III	27. Relationship to Student	
28. Other Parent's Home Address (<i>Number and Street. No P.O. Boxes.</i>)					<input type="checkbox"/> Same as Student's Address

III. OTHER EARLY LEARNING PROGRAMS (optional)

Your family may be eligible for other early learning programs or services for you and your children, from infants through school-age, including School Readiness services, Child Care Resource and Referral, Florida Kid Care, and social services.

29. Would you like to receive information about other early learning programs or services? (*check one*) YES NO

IV. CERTIFICATION

By signing this form I certify that:

- I have examined this application and, to the best of my knowledge and belief, the information provided is true and correct. I recognize that if I have provided inaccurate information on this form, I may be required to reimburse the VPK provider or early learning coalition.
- If I enroll my student in the VPK program, I understand that my student will be required to participate in the statewide kindergarten screening to determine readiness for kindergarten.
- I understand that I must follow the VPK provider's attendance policy and verify my student's attendance at the end of each month.
- I understand that once my student is enrolled in the program, he or she may not be eligible for any other state-funded VPK services.
- I understand I have the right to review all provider profiles in the county by contacting the early learning coalition.
- I have had the opportunity to review the Voluntary Prekindergarten Parent Guide (Form OEL-VPK 06).
- I understand that reenrollments are limited by law.

30. Parent Signature <input type="checkbox"/> By Electronic Signature	31. Date
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***Note:** Submission of this information is voluntary and not a condition of enrollment in the VPK program. See the Privacy Act Statement concerning Social Security Numbers in the instructions accompanying this application.

Part B

State of Florida VPK Student Application

Student's Name:	Student's DOB:	Student's SSN:
V. DETERMINATION OF PRELIMINARY ELIGIBILITY (VPK Provider Use Only)		
32. Has the provider made a determination regarding the preliminary eligibility of the student? <input type="checkbox"/> Yes, then continue to Item 33. <input type="checkbox"/> No, then continue to item 34.		
33. Based on the VPK provider's review of this application and the attached supporting documents: <input type="checkbox"/> Student is determined preliminarily eligible for the VPK program. The VPK provider shall submit the application and supporting documents to the early learning coalition for verification of the student's eligibility within five (5) working days of receipt. <input type="checkbox"/> Student is not determined preliminarily eligible for the VPK program. The VPK provider shall return the application and supporting documents to the parent within five (5) working days of receipt. If a parent does not agree with the VPK provider's determination, the parent may submit this form and supporting documentation to the early learning coalition for verification of the student's eligibility. <input type="checkbox"/> Student is too young. Student is not 4 years of age on or before September 1 st of the program year. <input type="checkbox"/> Student is too old. Student is 5 years old of age or older on or before September 1 st of the program year. <input type="checkbox"/> Student does not reside in Florida.		
<input type="checkbox"/> Student eligibility cannot be determined preliminarily because form is incomplete or supporting documentation is insufficient: (explain)		
	You may contact your early learning coalition at the following telephone number: <input style="width:100%;" type="text"/>	
VI. ADMISSION BY VPK PROVIDER (Early Learning Coalition or VPK Provider Use Only)		
34. Name of VPK Provider	35. Daytime Phone Number	36. Fax Number
37. Address of VPK Site (Number and Street)		
38. Student Intended Start Date	39. VPK Class ID (refer to Form OEL-VPK 11A/B)	
VII. VPK PROVIDER SIGNATURE (VPK Provider Use Only)		
40. The VPK provider certifies that (check one): <input type="checkbox"/> The VPK provider has not reviewed the student's eligibility and accepts this document from the early learning coalition as a Certificate of Eligibility (COE) for the student named above. <input type="checkbox"/> The student has been determined preliminarily eligible and has been admitted in the VPK program at the site and in the class identified in items 34-39 above. <input type="checkbox"/> The student has been determined preliminarily not eligible for the VPK program per the reason(s) checked above.		
41. VPK Provider Signature	42. Date	
VIII. ELIGIBILITY VERIFICATION BY EARLY LEARNING COALITION (Early Learning Coalition of _____ Use Only)		
43. Based on the early learning coalition's review of this application and the attached supporting documents: <input type="checkbox"/> Student is eligible for the VPK program in program year _____.		
COE Issue Date (if issued):	COE Number (if issued):	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Reenrollment <input type="checkbox"/> Good Cause Exemption
<input type="checkbox"/> Student is not eligible. Reason that the student is not eligible or that eligibility cannot be determined: <input type="checkbox"/> Student is too young. Student is not 4 years of age on or before September 1 st of the program year. <input type="checkbox"/> Student is too old. Student is 5 years of age or older on or before September 1 st of the program year. <input type="checkbox"/> Student does not reside in Florida.		
<input type="checkbox"/> Student eligibility cannot be determined because supporting documents are inadequate. <input type="checkbox"/> Supporting documents. Documents of the student's date of birth or residence are inadequate (explain): <input style="width:100%; height:20px;" type="text"/>		
If a VPK provider determined a student's preliminary eligibility, the early learning coalition shall notify the VPK provider in writing whether the student is eligible or ineligible to participate in the VPK program within 30 days of receipt of a Student Application and supporting documentation. If a student is ineligible, the coalition shall indicate the reason(s) the student is ineligible using the boxes below and return a copy of this form and supporting documentation to the VPK provider. <input style="width:100%; height:20px;" type="text"/>		
OFFICIAL USE ONLY – Coalition staff must complete all boxes. Do NOT complete item 46 if SIS Program is checked in item #2 or if Reenrollment or Good Cause Exemption is checked in item #43.		
44. Process Agent <input type="checkbox"/> By Electronic Signature Date	45. Process Manager <input type="checkbox"/> By Electronic Signature Date	
46. These items have been verified in the review of this application: <input type="checkbox"/> DOB Verification <input type="checkbox"/> Residency <input type="checkbox"/> Parent Signature <input type="checkbox"/> Child Eligibility <input type="checkbox"/> Provider Signature	Comments:	