

**PINELLAS COUNTY SCHOOLS
SUMMER VPK REGISTRATION**

Student's Name Last First Middle		School of VPK Enrollment Date Registered Date of Birth		DMTs ONLY	
				Student ID	Start Date
Has child ever attended a Pinellas County School? ☐ Yes ☐ No If yes, Name of School _____		Date Registered Date of Birth Male ☐ Female ☐		Place of Birth Immunization Code HSL Date	
				Date of Physical Physical Certified? ☐ Y ☐ N _____	
Residence Address City, State, Zip Phone Social Security #				Race (Check One) ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Indian ☐ Multiracial Is another language spoken in your home? If so, what language? _____	
Parent/Guardian Name Parent/Guardian Name Emergency Contact Name Health Concerns (i.e., asthma, allergies, medication)					
Parent/Guardian Name Parent/Guardian Name Emergency Contact Name Health Concerns (i.e., asthma, allergies, medication)		Home Phone Home Phone Emergency Contact Name Health Concerns (i.e., asthma, allergies, medication)		Cell Phone Cell Phone Emergency Contact Name Health Concerns (i.e., asthma, allergies, medication)	
Please identify any programs that your child has been enrolled in: Pre-K ESE ☐ Project Challenge ☐ Other _____ What would be helpful for the teacher or other school personnel to know about your child? _____ _____		Parent/Legal Guardian Signature Date _____		Section 229.559 Florida Statutes requires the school district to request Social Security numbers from students registering in Public Schools. Social Security numbers are not required as a condition of enrollment or graduation. If you do not wish to provide the school with the student's Social Security number, you must inform the school in writing so that an alternate identification number can be assigned, as per state statute.	
_____		_____			