PINELLAS COUNTY SCHOOLS

SUMMER VPK REGISTRATION

Student's Name

_____ _____ _____

Last First Middle

Has child ever attended a Pinellas County School? ☐ Yes ☐ No

If yes, Name of School _____

School of VPK Enrollment

Date Registered | Date of Birth

Male ☐ Female ☐

DMTs ONLY

Student ID | **Start Date**

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	Home Phone	Cell Phone
Parent/Guardian Name	Home Phone	Cell Phone

Emergency Contact Name | Emergency Phone

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.