PINELLAS COUNTY SCHOOLS

CO-ENROLLMENT APPLICATION FOR THE _____ SCHOOL YEAR

Please check the box that best describes the current or next year school the student will be attending.

Student's Current or Next Year enrollment is: (Please check one)

- ☐ Charter School Name: _____
- ☐ District Application Program School Name: _____
- ☐ Educational Alt. Service School Name: _____
- ☐ Early College
- ☐ Exceptional Student Education Center Name: _____
- ☐ Florida Virtual School
- ☐ Home Education
- ☐ Pinellas Virtual Fulltime
- ☐ Private School/Name: _____
- ☐ PEP Scholarship
- ☐ Family Empowerment Scholarship

Please check the box next to your Co-Enrollment Request. Depending on your school status, not all options will be available. Exclusions are listed in parentheses.

Requests for Co-Enrollment:

- ☐ Academics @ zoned school if capacity available. (Must not be offered at current school of enrollment) Please list requested classes below. _____
- ☐ Athletics Requested Sport _____
- ☐ Elective Courses @ zoned school if capacity available. (Must not be offered at current school of enrollment) Please list requested classes below. _____
- ☐ Exceptional Student Education Services @ zoned school if capacity available. (Not available to Home Education or PEP Scholarship Students) Please list services needed. _____
- ☐ Gifted Services @ zoned school if capacity available. (Not available to Home Education or PEP Scholarship Students)
- ☐ Pinellas Virtual Part Time. Please list requested classes below. _____

PLEASE COMPLETE SECTIONS I AND II:

Please complete the information below. The name and date of birth (mm/dd/yyyy) should be entered as they appear on the birth certificate.

Section I

Date Submitted: _____

STUDENT NAME (Please Print): _____ _____ (Grade Level Requested) _____ (School Year)

DATE OF BIRTH: _____ LOCAL STUDENT ID# _____ GENDER M ☐ F ☐

ZONED SCHOOL _____

REQUESTED SCHOOL CHOICE 1 _____ CHOICE 2 _____

Please complete the information below. Be sure to include contact information (phone/email) so we can reach you.

Section II	
Parent/Guardian Name	Home Phone
Home Address:	Cell Phone:
Mailing Address if different:	City:
State & Zip Code	Email Address

Please send the completed application to the department that oversees your request:

ATHLETICS
(Sports)
PCSAthletics@pcsb.org

GIFTED
301 Fourth St. SW
P. O. Box 2942
Largo, FL 33779-29420
Or Fax to: (727) 588-6009

PERFORMING ARTS
(Band, Color Guard)
301 Fourth St. SW
P.O. Box 2942
Largo FL 33779-29420
Or Fax to: (727) 588-5176

PINELLAS VIRTUAL SCHOOL
(Part Time Enrollment)
14405 49th St. N
Clearwater, FL 33762
Or Fax to: (727) 588-6085

SPECIAL EDUCATION (ESE)
301 Fourth St. SW
P. O. Box 2942
Largo, FL 33779-29420
Or Fax to: (727) 588-6411

STUDENT ASSIGNMENT
(Academics & Electives)
301 Fourth St. SW
P. O. Box 2942
Largo, FL 33779-29420
Or Fax to: (727) 588-5171
StudentAssignment@pcsb.org

PCS DEPARTMENT USE ONLY **STUDENT NAME:** _____

Please review the request. If request is approved, scan and send a copy to StudentAssignment@pcsb.org for a reservation to be made. If request is denied, please contact the parent to inform them of the decision.

Section III to be completed by PCS Athletics, Gifted, Performing Arts, Pinellas Virtual School, and ESE:	
Approved By:	Date:
Denied By:	Date:
Reason For Denial:	
Parent Contacted:	Date:

Please make the reservation for private and homeschool students. Enter the concurrent information in Focus for each current active student. Once complete, contact family and school to inform the family of next steps.

Section IV to be completed by PCS Student Assignment:	
Reservation Made To:	
Reservation Made By:	Date:
Parent Contacted:	Date:

NOTE: Parent must go to Co-Enrolled school to complete the registration paperwork and take two proof of residency documents.