



**STATE OF FLORIDA
VOLUNTARY PREKINDERGARTEN
EDUCATION PROGRAM**

Informed Parental Consent for Provider Transfers and Class Transfers

A student enrolled in the Voluntary Prekindergarten (VPK) Education Program may transfer to a different VPK provider or a different class at the same provider if the transfer is within the same program type. The VPK program has **two program types**:

- A school-year prekindergarten program (**540 instructional hours**); and
- A summer prekindergarten program (**300 instructional hours**).

This form may be used to conduct a provider or class transfer. A provider or class transfer allows a student to change VPK providers or classes and receive the remaining instructional hours for that program type. The state will fund up to, but not more than the remaining VPK instructional hours allowed for a student's program type, even if the new class's instructional hours extend beyond this amount. To move between a school-year and summer program, and to receive more than the allotted 540 hours or 300 hours, the student must withdraw and reenroll under the provisions for **good cause*** or **extreme hardship***. If **good cause** or **extreme hardship** applies, the parent or guardian should complete Form AWI-VPK 05 (Reenrollment Application). This form may also be used when class transfers are conducted at the same provider and the remaining VPK instructional hours change because of the class transfer.

1. Child's last name	First name	Middle name	Jr./Sr./III	2. Child's date of birth
3. Name and full address of provider or school transferring from, and class instructor name				FOR OFFICIAL USE 4. VPK class ID
5. Name and full address of provider or school transferring to, and class instructor name				FOR OFFICIAL USE 6. VPK class ID
FOR OFFICIAL USE ONLY				
Total VPK instructional hours		Elapsed VPK instructional hours		Remaining VPK instructional hours

INFORMED PARENTAL CONSENT

I have chosen to transfer my child, who is enrolled in the VPK program, from one provider or school to another provider or school as a provider transfer, or to have my child transferred to another class at the same provider. I have been given information concerning the number of instructional hours remaining in the VPK class that I have selected for my child. I make this choice freely, knowing that once my child is transferred to the new program/class, he or she may not be eligible to complete the full instructional hours delivered by the provider's class if the provider's class extends beyond the remaining VPK instructional hours allowed for funding.

7. Last name of parent/guardian	First name	Middle name	Jr./Sr./III
8. Signature of parent/guardian			9. Date signed