



**VOLUNTARY
PREKINDERGARTEN
EDUCATION PROGRAM
Of
SEMINOLE COUNTY**

SUBMIT PROMPTLY TO:
4C- Seminole Co. VPK Program
Phone: 321-832-6407
or
Fax: 321-832-6431

CHILD DISMISSED OR WITHDREW

Child's Name: _____	Current Provider's Name: _____
Date of Birth: _____	Address: _____
Parent/Guardian: _____	City, State, Zip: _____
Address: _____	Last date of class attendance: _____
City, State, Zip: _____	-----
Certificate Number: _____	New Provider's Name: _____
New Certificate Number: _____	Address: _____
	City, State, Zip: _____
	First date of class attendance: _____

Provider Signature: _____

Good Cause (does not require documentation) Within the first 10% of the program

- Extended illness of the child or an immediate family member
- Conflict between parents and provider regarding policies, practices or procedures at the provider's program
- Change in residence
- Change in work schedule or location for the primary caregiver
- Transportation problems that prevents the parent or guardian from transporting the student to the program
- Other emergency circumstances or extraordinary situation

Extreme Hardship (requires documentation) After 10% completion of program

- Extended illness of the child or an immediate family member documented by a medical professional, if the illness results in the student's absences exceeding 20 percent of the student's attendance period, or results in the child being dismissed by the provider or school, as documented by the provider or school.
- Provider or school dismissed the child due to the child's behavior, as documented in writing by the provider or school.
- The provider or school is not able to meet the basic program requirements and must discontinue the VPK class, as documented in writing by the provider, school, or coalition.
- Change in the child's residence, as documented in writing by rent, mortgage or utility record which results in the cease of transportation by a provider or school or causes the child's travel time to exceed 1 hour from the child's residence to the provider or school, or extends the parent or guardian's travel by 1 hour or more from the child's residence, to the provider or school, and to the place of employment.
- Change in employment schedule or location for the primary caregiver, as documented by the employer which results in the cease of transportation by a provider or school or extends the parent's or guardian's travel time by 1 hours or more from the child's residence, to the provider or school, and to the place of employment.
- Inability to meet the basic needs for the child or the child's immediate family, as documented in writing by a professional such as a law enforcement official, social worker, or counselor which results in the student being absent more than 20 percent of the student's attendance period or results in the child being dismissed by the provider or school, as documented by the provider or school.
- Other emergency circumstances or extraordinary situation as documented by a reliable source which results in the student being absent more than 20 percent of the student's attendance period or results in the child being dismissed by the provider or school, as documented by the provider or school.
- None

Parent/Guardian Signature _____

Date _____

OFFICIAL USE ONLY

Enrollment Date Verification: _____
 drawal Date Verification: _____

Good Cause: Yes No

Documentation of Extreme Hardship: Yes No

Eligible for Full FTE: Yes No

Date Received: _____ EFS: _____

\$ Expended: _____ \$ Remaining: _____