

**PINELLAS COUNTY SCHOOLS  
CO ENROLLMENT APPLICATION**

Please check appropriate box and insert appropriate information:

<p><b>HOME EDUCATION:</b>  <input type="checkbox"/> Pinellas Virtual PT                  Please list classes requested:                  _____                  _____</p> <p><input type="checkbox"/> Athletics @ zoned school only (FS)  <input type="checkbox"/> Academics @ zoned school only if space available.                  Please list classes requested:                  _____ (FA)</p> <p><input type="checkbox"/> Elective Courses @ zoned school only if space available.                  Please list classes requested:                  _____ (FN)</p> <p><input type="checkbox"/> Gifted@ zoned school only if space available (FG)  <input type="checkbox"/> Exceptional Student Education Services @ zoned school only if space available.                  Please list services needed:                  _____ (FA)</p>	<p><b>PRIVATE SCHOOL/ NAME:</b> _____</p> <p><input type="checkbox"/> Athletics @ zoned school only (FS)  <input type="checkbox"/> Academics @ zoned school only if space available.  <input type="checkbox"/> Gifted@zoned school only if space available (FG)</p>
	<p><b>CHARTER SCHOOL/NAME:</b> _____</p> <p><input type="checkbox"/> Athletics @ zoned school only (FS)</p>
	<p><b>DAP SCHOOL NAME:</b> _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
	<p><b>EAS ALT. SERVICE SCHOOL:</b> _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
<p><b>PINELLAS VIRTUAL FT:</b> (To take a course at a traditional school)  <input type="checkbox"/> Athletics @ zoned school only (FS)  <input type="checkbox"/> Academics (limited) @ zoned school only if space available please list classes requested:                  _____ (FA)</p> <p><input type="checkbox"/> Gifted@ zoned school only if space available (FG)  <input type="checkbox"/> Exceptional Student Education Services @ zoned school only if space available please list services needed: _____ (FN)</p>	<p><b>ESE CENTER:</b> _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
	<p><b>FT FLVS</b></p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>

Requests for Co Enrollment are based on Program Eligibility & availability capacity

**SECTION I**      **Date Submitted:** \_\_\_\_\_

**STUDENT NAME (Please Print):** \_\_\_\_\_

CY Grade    NY Grade      School Year

**DATE OF BIRTH:** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_ **Gender** \_\_\_\_\_

If Available

**SECTION II**      **Zoned School** \_\_\_\_\_      **Alternative School Request:** \_\_\_\_\_

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

**SECTION III TO BE COMPLETED BY PCS STUDENT ASSIGNMENT OFFICE:**

Approved By:	Date:
Denied By:	Date:
Reason for denial:	
<p><b>NOTE:</b> Parent must go to Co Enrolled school to complete the registration paperwork and take two proof of residency documents.  <b>NOTE:</b> * Co Enrollment Application must be completed every year.</p>	

**Send completed application to:**

Student Assignment  
 301 Fourth St. SW  
 P. O. Box 2942  
 Largo, FL 33779-29420  
 Or Fax to: (727) 588-5171