

FOR VIEWING PURPOSES ONLY
PINELLAS COUNTY SCHOOLS
VOLUNTARY PREKINDERGARTEN PARENT AGREEMENT
SUMMER PROGRAM

Parent/Guardian should READ and INITIAL each statement below.

- _____ I will sign my child in and out of the classroom each day.

- _____ I will sign the Verification of Student Attendance (Long Form) at the end of each month.

- _____ I will send a note for each day my child is absent and a note from the doctor if absent more than five (5) days.

- _____ I understand my child may not be absent more than 20% of the program. In the event my child exceeds the permitted absences, he/she will be withdrawn from the Summer VPK program.

- _____ I understand that transportation is not provided by Pinellas County Schools for this program. I will make sure my child arrives and is picked up on time daily.

- _____ I understand a late pick-up fee of \$20 for each 15 minute increment or any part of 15 minutes may be charged. My child may not continue in the program until this fee is paid.

- _____ I understand the Summer VPK program may not be available at this site if enrollment numbers are low.

- _____ I understand that Summer VPK students may be reassigned to another class or school if attendance declines too low to meet operating costs.

- _____ I understand if my child has an IEP and receives ESE services during the school year, the Summer VPK program is not considered part of Free and Appropriate Public Education (FAPE). ESE services will not be provided. However the Americans with Disabilities Act (ADA) and Section 504 still apply.

- _____ I understand if my child is a danger to him/herself or others, I may be asked to provide assistance or pick my child up from school.

- _____ I understand that this school may not be my child's school for kindergarten.

- _____ I understand that I must present my child's VPK Certificate of Eligibility (voucher) to the school before my child can attend the program.

- _____ I understand that my child will be assessed three times during summer VPK on the Florida Assessment of Student Thinking (FAST) Star Early Literacy as part of the Coordinate Screening and Progress Monitoring Program required by s.1002.68.F.S..

I have read and understand each statement above.

Parent/Guardian Signature

Child's Name

Date

Office Staff Signature

PCS Form 2-3050 (Rev. 2/24)
Review Date 2/25

White - School

Date

Yellow - Parent/Guardian

Category B
CC # 5630