

**PINELLAS COUNTY SCHOOLS
CO ENROLLMENT APPLICATION**

Please check appropriate box and insert appropriate information:

<p>HOME EDUCATION: <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>PRIVATE SCHOOL/ NAME: _____</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>CHARTER SCHOOL/NAME: _____</p> <p><input type="checkbox"/> Athletics @ zoned school only (FS)</p>
	<p>DAP SCHOOL NAME: _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
	<p>EAS ALT. SERVICE SCHOOL: _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
<p>PINELLAS VIRTUAL FT: (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>ESE CENTER: _____</p> <p><input type="checkbox"/> Athletics only @ zoned school only (FS)</p>
	<p>FT FLVS</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** M ___ F ___

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