



Student Name:		Date of Birth:			
Parent or Guardian Name	::				
Address:					
City:	Zip Code:		Phone Number:		
Email address:				·	
Our VPK program offers a will have a certified teach developmentally appropria throughout the school day program, does not accept	ner who is qualified to r te curriculum and supp v. Note that NO trans	neet the need ports for chi	ds of all children. Idren's individual r	VPK education standards, needs will be integrated	
2022 – 2023	VPK "Prioritiz	ed" Wai	it List Appli	cation Form	
VPK seats will be awarded throbelow. Each school will assign notify families that are awarde	VPK seats based on poi	nts AND the	order in which the f	family signed up. Schools will	
5 points will be awarded if the	e parent/guardian is a st	aff member a	at the School Site		
3 points will be awarded if the must be shown).	e parent/guardian is a n	employee of	Hillsborough Cour	ity Public Schools (current ID	
1 point will be awarded for ea	ch criterion below:				
J. ,	n active member of the ng the VPK site for which (s)	th the studen	•	own).	
I have read the VPK applica parents/guardian will need to the seat. After that date we	provide the school wi	th a Certificat	e of Eligibility by A	·	
	OFFIC	CE USE ONLY			
5 School Employee	3 HCPS Empl	oyee	1 Sibling	1 Military	
Total # of Points Date Submi		e Submitted	Time Submitted		
Parent/Guardian Signature			School Site Representative		