

**NOTIFICATION OF VOLUNTARY PREKINDERGARTEN (VPK) PROVIDER ACTION
REQUEST FOR CHILD'S WITHDRAWAL FROM VPK PROGRAM**

Provider Name: _____
 Address: _____
 City: _____, FL Zip: _____

Child's Name: _____, _____ (Last) (First) (MI)

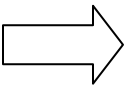
Parent's Name: _____, _____ (Last) (First) (MI)

Classroom ID: _____
 (Example: A, B, C)

Last date attended: _____

Reason for withdrawal: PLEASE CHECK

- PROVIDER DROPPED ENROLLMENT
- PARENT WITHDREW CHILD
- OTHER: _____



 Signature of Authorized Representative Date

Fax: Kerrica Savage @ 561-514-3366 (Centers A-J, W-Z)
 Mignon Broughton @ 561-514-3386 (Centers K-V)
 Felicia Taylor @ 561-514-3305 (Head Start & PBCSD)