

PINELLAS COUNTY SCHOOLS

CO-ENROLLMENT APPLICATION FOR THE _____ SCHOOL YEAR

Please check the box that best describes the current or next year school the student will be attending.

Student's Current or Next Year enrollment is: (Please check one)	
<input type="checkbox"/> Charter School Name: _____	<input type="checkbox"/> Exceptional Student Education Center Name: _____
<input type="checkbox"/> District Application Program School Name: _____	<input type="checkbox"/> Florida Virtual School
<input type="checkbox"/> Educational Alt. Service School Name: _____	<input checked="" type="checkbox"/> Home Education
<input type="checkbox"/> Early College	<input type="checkbox"/> Pinellas Virtual Fulltime
	<input type="checkbox"/> Private School/Name: _____

Please check the box next to your Co-Enrollment Request. Depending on your school status, not all options will be available. Exclusions are listed in parentheses.

Requests for Co-Enrollment:
<input type="checkbox"/> Academics @ zoned school if capacity available. (Must not be offered at current school of enrollment) Please list requested classes below. _____
<input type="checkbox"/> Athletics @ zoned school only. (Must not be offered at current school of enrollment)
<input type="checkbox"/> Elective Courses @ zoned school if capacity available. (Must not be offered at current school of enrollment) Please list requested classes below. _____
<input type="checkbox"/> Exceptional Student Education Services @ zoned school if capacity available. (Not available to Home Education Students) Please list services needed. _____
<input type="checkbox"/> Gifted Services @ zoned school if capacity available. (Not available to Home Education Students)
<input type="checkbox"/> Pinellas Virtual Part Time. Please list requested classes below. _____

PLEASE COMPLETE SECTIONS I AND II:

Please complete the information below. The name and date of birth (mm/dd/yyyy) should be entered as they appear on the birth certificate.

Section I	
Date Submitted: _____	
STUDENT NAME (Please Print): _____	Grade Level Requested _____ School Year _____
DATE OF BIRTH: _____ LOCAL STUDENT ID# _____	GENDER M ___ F ___
ZONED SCHOOL _____	ALTERNATIVE SCHOOL REQUEST: _____

Please complete the information below. Be sure to include contact information (phone/email) so we can reach you.

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

Please send the completed application to the department that oversees your request:



STUDENT ASSIGNMENT

301 Fourth St. SW

P. O. Box 2942

Largo, FL 33779-29420

Or Fax to: (727) 588-5171

StudentAssignment@pcsb.org



Students at Richard O. Jacobson Technical High School:

7/2024 Send your request to **Student Assignment**

StudentAssignment@pcsb.org

who will approve and forward to **Marc Allison**, Director of Athletics

Co-Enrollment form must be approved first.

Co-Enrollment form is for Sports ONLY.

PCS DEPARTMENT USE ONLY

Please review the request. If request is approved, scan and send a copy to StudentAssignment@pcsb.org for a reservation to be made. If request is denied, please contact the parent to inform them of the decision.

Section III to be completed by PCS Athletics, Gifted, Performing Arts, Pinellas Virtual School, and ESE:	
Approved By:	Date:
Denied By:	Date:
Reason For Denial:	
Parent Contacted:	Date:

Please make the reservation for private and homeschool students. Enter the concurrent information in Focus for each current active student. Once complete, contact family and school to inform the family of next steps.

Section IV to be completed by PCS Student Assignment:	
Reservation Made To:	
Reservation Made By:	Date:
Parent Contacted:	Date:

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