



FLORIDA DEPARTMENT OF EDUCATION

VPK PROVIDER KINDERGARTEN READINESS RATE GOOD CAUSE EXEMPTION FORM

Please provide the following information regarding your application for review through the VPK Good Cause Exemption Application Process. Please type responses into the boxes below.

All the fields marked with asterisk (*) are mandatory

VPK Provider Information:

Program Type: Summer School-Year

* Provider Type: Public School Private Center Private School Family Care

* Name of Owner/Director/Principal:

* Title (Position):

* Name of Provider/School:

* County of Provider:

* Mailing Address:

Program Year:

* Work Phone Number (xxx-xxx-xxxx): Extension:

Cell Phone Number (xxx-xxx-xxxx):

* E-mail Address:

Type of Good Exemption Form: New Application Renewal Application

Please check only one of the following and provide any required supporting documentation

Licensed private provider:

Child care facility Family day care home Large family child care home Private school

Non-licensed private provider:

Faith-based child care (claims exemption under s. 402.316, F.S.)

Faith-based private school (claims exemption under s. 402.3025, F.S., or s. 402.316, F.S.)

Nonreligious private school (claims exemption under s. 402.3025, F.S.)

Public School:

Public school (licensed or uses contractors)

Public school (exempt from licensure under s. 402.3025, F.S.)

Public/Charter school (exempt from licensure under s. 402.3025, F.S.)

Accreditation Information (for non-licensed providers):

Name of Accrediting Agency:

Accrediting agency is a member of:

Commission on International and Trans-Regional Accreditation

Florida Association of Academic Nonpublic Schools

National Council for Private School Accreditation

None of the above (Using Gold Seal: specify Florida Approved Gold Seal Accreditation Program)

VPK Good Cause Exemption Application (Form VPK-GCE-02, November 2014)

Curriculum/Staff Development Information:

Curriculum Name:	<input type="text" value="Creative Curriculum (2013 approved list)"/>
* Purchase Date: (MM/DD/YYYY)	<input type="text"/>
* Implementation Date: (MM/DD/YYYY)	<input type="text"/>
Did you Participate in Staff Development Plan	<input type="radio"/> Yes <input checked="" type="radio"/> No
Development Plan Implementation Date (MM/DD/YYYY)	<input type="text"/>

Individual Circumstances:

Cite any extraordinary or unique circumstances under which the provider should be allowed to continue to deliver the Voluntary Prekindergarten Education Program.

Narrative:

Compliance with Improvement Plan:

The Improvement Plan submitted under authority of s. 1002.67, F.S., is being faithfully adhered to and implemented as agreed.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No Explain:	<input type="text"/>

Assessment:

Did you administer the VPK assessment:	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No What Assessment was Administered:	<input type="text"/>

Certification Statement

By submitting this form, I certify that the information I have furnished is true and correct to the best of my knowledge and belief.

Print a copy of this online form by clicking the [Submit for Approval Form] button below, attach the supporting documents [Assessment data or other information related to the Application], and send to Office of Early Learning by:

- **FAX:**
1-850-245-5105

OR

- **Mail:**
Florida Department of Education
Office of Early Learning
ATTN: VPK Provider Good Cause Exemption
250 Marriott Drive
Tallahassee, FL 32399

Please note that Section 837.06, Florida Statutes, provides that [w]hoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 755.083.

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