

Florida Department of Education  
Office of Early Learning

**Notification of School District Decision to Offer  
2005-06 School-Year VPK Program**

**District Name:**

**Contact Person:**

Title  
Email Address  
Phone Number

This is notification that the above district:

\_\_\_\_\_ has decided **TO** participate in the school-year VPK program and plans to serve approximately \_\_\_\_\_ four-year olds.

\_\_\_\_\_ has decided **NOT** to participate in the school year VPK program.

\_\_\_\_\_  
District School Superintendent

\_\_\_\_\_  
Date

Please submit **by April 22<sup>nd</sup>** to:

Shan Goff, Executive Director  
Office of Early Learning  
Florida Department of Education  
325 West Gaines Street, Suite 1532  
Tallahassee, Florida 32399-0400  
FAX: (850) 245-9099; SunCom 205-9099