

2024-2025
VPK Lottery Application
(Voluntary Prekindergarten)



****We no longer accept applications by fax or email. Please submit your Completed application with 3 documents for proof of residency to the Galileo Skyway Campus front office during normal school hours. You will receive a confirmation email within 5 business days to confirm your paperwork was received for the next lottery drawing. If you don't receive a confirmation, your application was not processed!**

Thank you for your interest in Seminole County's Galileo School for Gifted Learning. Galileo provides innovative, research-based education in a nurturing environment for gifted and talented students and those who want to learn in a gifted learning environment that will challenge and motivate them to pursue their passionate interests in service to others. For more about what makes Galileo different visit: www.galileogiftedschool.org.

Requirements

As you consider Galileo as an option for your child, it is important to understand some of the policies of the school. Submission of an application for your child indicates that you are aware of and will adhere to the policies, procedures, and rules set forth by Galileo.

***Campus Preference:** Although we will attempt to honor family requests and keep families in their desired campus, it is possible for siblings to be in different locations.

*Parent Commitments

Parents of a Galileo student are required to volunteer a minimum of 20 hours per school year. Parents with more children are required to volunteer a minimum of 30 hours. All hours are tracked through Raptor Volunteer System. Opportunities include classroom help, fundraisers, school/family events, tutoring, mentoring, and more.

*Student Requirements

Students must follow the Galileo School and Seminole County Public School's Code of Student Conduct. Students are required to wear school uniforms which must be purchased online through Lands' End.

Application Submission ****We do not accept applications by fax or email.****

Galileo School accepts applications for admission on a rolling basis. Students are accepted to either Galileo Riverbend or Galileo Skyway campus based on a random lottery by grade level. See our website for our lottery policies and office hours. Application due dates are posted on our website. Applications must be submitted in person to the Galileo School front office. Only complete files, signed and dated by parent with required documents attached, will be accepted for eligibility determination. Please contact the school at (407) 638-9696 if you have any additional questions.

Submit applications at: Galileo Skyway Campus: 3755 Skyway Drive, Sanford, FL 32773

PROOF OF RESIDENCY IN FLORIDA.

One item from EACH of the following categories must be attached. All documents must be current and have the name of the student's parent/legal guardian and the same address on all three documents.

1. Lease, mortgage statement, or notarized letter from the owner of the home where you reside.
2. Driver's license or voter registration card.
3. Utility bill or car insurance verification with correct address on it.

BIRTH CERTIFICATE.

Please submit the birth certificate for the student as proof of identity and age to assure that the student is in the correct class based on age. To be eligible for VPK, children must live in Florida and be 4 years old on or before Sept. 1 of the current school year.

Parents listed on application must match the birth certificate or additional legal paperwork should be provided.

By signature and date below, I certify that the information contained within this application is truthful and correct to the best of my knowledge.

Signature of parent or legal guardian

Date

**GALILEO SCHOOL
2024-2025 APPLICATION FORM**

VPK – Voluntary Prekindergarten

PLEASE TYPE OR PRINT CLEARLY

FOR OFFICE USE ONLY		LAST: _____
DATE RECEIVED: _____		FIRST: _____
RESIDENCY VERIFIED BY: _____		PREFERENCE
# OF CHILDREN (circle)? 1 2 3 4 5		Board / Emp: _____
Grades: <input checked="" type="radio"/> VPK K 1 2 3 4 5 6 7 8		Transfer to Campus: _____
<p style="text-align: center;">Campus Location</p> Riverbend <input checked="" type="radio"/> Skyway Either		Sibling: _____

GUARDIAN INFORMATION	
Mother's Last Name	Father's Last Name
Mother's First Name	Father's First Name
Street Address	Street Address
Address (cont.)	Address (cont.)
City	City
State	State
Zip code	Zip code
County of Residence	County of Residence
Home Phone	Home Phone
Work Phone	Work Phone
Email Address	Email Address

STUDENT INFORMATION (Please print clearly)	
Student's LAST Name	
Student's FIRST Name	
Parent/guardian the child lives (select one)	<input type="checkbox"/> BOTH PARENTS / SAME HOME <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> BOTH PARENTS / SEPARATE HOMES <input type="checkbox"/> LEGAL GUARDIAN / OTHER
Sex (circle one)	FEMALE MALE
Date of Birth	Month _____ Day _____ Year _____
Grade for 2024-2025 School Year (Rank preference)	Please rank your preference 1-2 or x for not an option _____ VPK – AM _____ VPK – All Day 8:45-11:45 8:45-3:15 - \$160/wk fee
Preference Status	<input type="checkbox"/> Sibling Attending Galileo Now Name: _____ <input type="checkbox"/> I want to transfer Galileo Campuses <input type="checkbox"/> Employee or Board Member – Name: _____
Current (or Last) School: Name, Address, Phone # And County	

Galileo School for Gifted Learning does not discriminate in employment or any educational program or activity based on race, color, religion, sex, sexual orientation, national or ethnic origin, marital status, disability if otherwise qualified or any other unlawful factor.

STUDENT INFORMATION (2nd VPK child)	
Student's LAST Name	
Student's FIRST Name	
Parent/guardian the child lives (select one)	<input type="checkbox"/> BOTH PARENTS / SAME HOME <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> BOTH PARENTS / SEPARATE HOMES <input type="checkbox"/> LEGAL GUARDIAN / OTHER
Sex (circle one)	FEMALE MALE
Date of Birth	Month _____ Day _____ Year _____
Grade for 2024-2025 School Year (Rank preference)	Please rank your preference 1-2 or x for not an option _____ VPK – AM _____ VPK – All Day 8:45-11:45 8:45-3:15 - \$160/wk fee
Preference Status	<input type="checkbox"/> Sibling Attending Galileo Now Name: _____ <input type="checkbox"/> I want to transfer Galileo Campuses <input type="checkbox"/> Employee or Board Member – Name: _____
Current (or Last) School: Name, Address, Phone # And County	

STUDENT INFORMATION (3rd VPK child)	
Student's LAST Name	
Student's FIRST Name	
Parent/guardian the child lives (select one)	<input type="checkbox"/> BOTH PARENTS / SAME HOME <input type="checkbox"/> MOTHER ONLY <input type="checkbox"/> FATHER ONLY <input type="checkbox"/> BOTH PARENTS / SEPARATE HOMES <input type="checkbox"/> LEGAL GUARDIAN / OTHER
Sex (circle one)	FEMALE MALE
Date of Birth	Month _____ Day _____ Year _____
Grade for 2024-2025 School Year (Rank preference)	Please rank your preference 1-2 or x for not an option _____ VPK – AM _____ VPK – All Day 8:45-11:45 8:45-3:15 - \$160/wk fee
Preference Status	<input type="checkbox"/> Sibling Attending Galileo Now Name: _____ <input type="checkbox"/> I want to transfer Galileo Campuses <input type="checkbox"/> Employee or Board Member – Name: _____
Current (or Last) School: Name, Address, Phone # And County	

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