

Equestrian Trails Elementary School

VPK Program

It's that time of year again! VPK Pre Registration for the 2025-2026 school year is open through February 28, 2025. We have two VPK classrooms with a total of 30 lottery seats (27 full time and 3 part time). We also have an additional 10 spots reserved for students with active IEPs.

Our VPK hours are 7:45am-1:45pm with part time ending at 11am. The VPK voucher through the Early Learning Coalition will cover the cost of part time VPK. Those enrolling in a full day will be responsible for the additional out of pocket payment. At this time, that cost is \$115 per week but is subject to change. Before and/or aftercare is not provided for VPK students.

Important Dates:

February 28th – VPK Pre Registration ENDS. Please submit the attached form to jillian.bennett@palmbeachschools.org or the main office by this date.

The completed form is all that is required for the lottery.

March 3rd – Lottery will be held to fill seats. Priority is given as follows...

1. Zoned students with current ETES siblings
2. Zoned students
3. Out of zone/choice students with current ETES siblings
4. Out of zone/choice students

March 4th – Parents/Guardians will be notified of lottery results. Those selected will receive a formal registration packet from the district and additional instructions. Those NOT selected will be added to a waiting list.

March 31st – Formal registration packet and all required documents are due for those students who have secured a VPK spot for the 2024-2025 school year.

If you have any questions regarding the preregistration process, please email jillian.bennett@palmbeachschools.org.

Equestrian Trails Elementary School
9720 Stribling Way
Wellington, FL 33414
561-904-9600

VPK PRE REGISTRATION

**** Form is due by February 28th ****
(PLEASE PRINT CLEARLY)

Student's Full Name: _____

Date of Birth: _____ Gender: M F

Guardian #1 Name: _____

Guardian #1 Phone: _____

Guardian #1 Email: _____

Guardian #2 Name: _____

Guardian #2 Phone: _____

Guardian #2 Email: _____

Student Address: _____

Please Circle One: Full Time OR Part Time

Does the student have an IEP (Individual Education Plan) currently in place? Y OR N

Are you zoned for ETES? Y OR N

Does the student have current siblings at ETES? Y OR N

If yes, please list sibling's name(s): _____

Notes (any other pertinent information you wish to share at this time): _____

