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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS logo 300.png | Spokane Head Start/EHSERSEA Transfer Request |
|  |
| Child Name: |       | Birthdate: |       |
| Transfer requested: | **[ ]** As soon as possible  | **[ ]** After this date: |       |
|  | **[ ]** Early Head Start | **[ ]** Head Start |  |
|  | **[ ]** Early Head Start to Head Start |  |
| Parent/Guardian: |       |
| Current Site/Classroom: |       | Desired Site: |       |
| Reason for Transfer: |
|       |
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| *I understand that Head Start/EHS will try to accommodate this request but that some transfers may not be possible based on classroom factors and space availability.* |
| Parent/Guardian Signature |       | Date |       |
|  |
| **FOR OFFICE USE ONLY** |
| Transportation Plan: Yes [ ]  No [ ]  Explain |       |
| Financial Plan for Full Day: Yes [ ]  No [ ]  Explain |       |
| Special Considerations |
|       |
|  |
|  |
| Staff Name |       |
|  |  |