



Community Colleges of Spokane **Spokane Head Start/EHS**
ERSEA 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:

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 _____