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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS logo 300.png | | | | | | 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: | | | | | | | | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | |
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| Staff Name | |  | | | | | | | | | | | | | | |
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