

# Tri-County Head Start/Early Head Start

## Change of Status Form

***This form is to be completed immediately upon learning about the change. It is then to be emailed to all Program Coordinators and other staff as indicated.***

EHS – Center Based    EHS – Home Based    Chipley    Walton    Westville

**New**

**Drop**

**Transfer**

Child dropped from program

PIR information in Child Plus completed

Child moved from a site

Dropped from transportation

New child in center

Added to transportation

### New Child

New Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Date Enrolled: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Lang: \_\_\_\_\_

Comments: \_\_\_\_\_

### Drop Child

New Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Drop Date: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Teacher: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Lang: \_\_\_\_\_

Reason: \_\_\_\_\_

Comments: \_\_\_\_\_

### Transfer Child

New Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Gender: \_\_\_\_\_ Primary Lang: \_\_\_\_\_

Transfer Date: \_\_\_\_\_ Transfer from: \_\_\_\_\_ To: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_