

ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM

Parent Initials _____

CHANGE OF STATUS (COS) FORM ** PLEASE PRINT ALL INFORMATION **

Student's Last Name	First _		D	ate of Birth	/	/	_ 🗆 м	☐ F
Home Address			City		Zip	Code		
Former Address			City		Zip	Code		
Current Site/Session/Room Numb	oer		of Parent / G	uardian				
Home Phone	Work Phone	Cell Phone		Message Phone				
☐ NO, I DO NOT WANT BUS	TRANSPORTATION FOR MY CHILD	☐ YES,	I WOULD LIK	E BUS TRANSPO	PRTATION	N FOR MY	CHILD	
■ Medication required at scl	nool (med bag)	☐ YES,	I WOULD LIK	E TO ADD/DELE	TE A CON	ITACT		
PICK UP / DROP OFF LOCATION / CONTACT NAME					SITE/SE (HS Staff			
Pick Up Address:					(110 0 0 0 111)			
Drop Off Address:	_							
Contact List Change (Name/Phone #/Relationship):				ADD 🗆	DELETE			
Contact List Change (Name/Phone #/Relationship):				ADD 🗆	DELETE			
Contact List Change (Name/Phone #/Relationship):				ADD 🗆	DELETE			
Parent Signature: Date:/ HS Staff Signature:						Date:		
FOR HEAD START STAFF ONLY:	Parent does not want site to char	nge						
□ EHS □ EHS-CCP □ HS □ Tit	le 1	Waitlisted ☐ MKV ☐ Ph	one Number	Change 🗖 Ado	lress Cha	nge 🖵 Co	ontact Cha	nge
Date updated in Child Plus/_	/ FACS Initials	Date emailed to COS	cloud/	/ F	ACS Initia	ls		
FOR ERSEA STAFF ONLY:								
Date inquiry sent//		Date sent to transpor						
		PORATION TRANSPORTATIO	N ONLY:				:e	
	Pick Up Time D							
☐ Completed; EFFECTIVE D	OATE/ Signed							