



# ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM

## CHANGE OF STATUS (COS) FORM

EHS    EHS-CCP    HS    New Student    Transfer/Transition Req    Address/Phone Change    Dropped/Waitlisted    Contact List Change    MKV

Reason \_\_\_\_\_  Parent does not want site to change   Parent Initials: \_\_\_\_\_

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    M    F

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Former Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Site/Session/Room Number \_\_\_\_\_  AM  PM Name of Parent / Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

NO, I DO NOT WANT BUS TRANSPORTATION FOR MY CHILD

YES, I WOULD LIKE BUS TRANSPORTATION FOR MY CHILD

Medication required at school (med bag)

YES, I WOULD LIKE TO ADD/DELETE A CONTACT

PICK UP / DROP OFF LOCATION / CONTACT NAME	SITE/SESSION (HS Staff Use Only)
Pick Up Address:	
Drop Off Address:	
Contact List Change (Name/Phone #/Relationship):	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
Contact List Change (Name/Phone #/Relationship):	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE
Contact List Change (Name/Phone #/Relationship):	<input type="checkbox"/> ADD <input type="checkbox"/> DELETE

**HEAD START CANNOT GUARANTEE YOUR CHILD'S PACEMENT, SESSION, SITE, OR CONTINUED SERVICES ONCE FORM HAS BEEN SUBMITTED.**

Please allow 2 weeks for processing

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_   HS Staff Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date updated in ChildPlus: _____	Date emailed to COS cloud: _____	FACS Initials: _____
Date processed by ERSEA: _____	Date sent to Transportation: _____	ERSEA Initials: _____