



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 PLACEMENT, 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: _____