Lower Columbia College Head Start/EHS/ECEAP

CHANGE OF STATUS

(to be completed by staff)

Child's Name: _____ LOC ID # _____ Birthdate: _____

Child's Name: _____ LOC ID # _____ Birthdate: _____

Parent's Name: _____ Staff Name: _____ Date: _____

FAMILY ADDRESS/PHONE

Address: _____

City: _____

(Please choose: ◯ ***ADD*** *or* ◯ ***DELETE*** *or* ◯ ***CHANGE****)*

Phone *(please choose)*: ◯ Home ◯ Cell ◯ Work

_____

Email Address _____

LEGAL NAME CHANGE

◯ Child ◯ Parent ☐ Documents Attached

Changed From: _____

Changed To: _____

COURT ORDERS/OTHER INFORMATION

(Please check information attached.)

- ☐ Parenting Plan
- ☐ Restraining Order
- ☐ Kinship/Guardianship
- ☐ Protection Order
- ☐ Criminal Order
- ☐ Birth Certificate
- ☐ Request for Transfer to Transitional Kindergarten (MSYS 7q)
- ☐ Request for Change of Classroom (MSYS 7p)
- ☐ Child/Family File Transfer or Withdraw Checklist (ERSEA 2d)
- ☐ New family member added:
  - Name: _____
  - Date of Birth: _____
- ☐ Guardian Ad Litem
- ☐ Protected Address From
- ☐ Other Information: _____

***Is the Parent a Policy Council Representative/ Alternative/Officer?** ◯ Yes ◯ No

WITHDRAW

Withdraw Date: _____

Reason for Withdrawal: _____

Put Back on Wait List? ◯ Yes ◯ No

If Yes, LOC ID #: ◯ AM ◯ PM

STUDENT EMERGENCY CONTACT

(Please Circle: ◯ ***ADD*** *or* ◯ ***DELETE*** *or* ◯ ***CHANGE****)*

1. Name: _____

Relation to Child: _____

Address: _____

Phone *(please choose)*: ◯ Home ◯ Cell ◯ Work

_____

(Please Circle: ◯ ***ADD*** *or* ◯ ***DELETE*** *or* ◯ ***CHANGE****)*

2. Name: _____

Relation to Child: _____

Address: _____

Phone *(please choose)*: ◯ Home ◯ Cell ◯ Work

_____

(Please Circle: ◯ ***ADD*** *or* ◯ ***DELETE*** *or* ◯ ***CHANGE****)*

3. Name: _____

Relation to Child: _____

Address: _____

Phone *(please choose)*: ◯ Home ◯ Cell ◯ Work

_____

_____

Parent/Guardian Signature **Date**

***Does the student ride a bus**? ◯ Yes ◯ No

(If "yes", provide copy to bus driver for phone, address, or emergency contact changes)