ERSEA: FORM 1060

NINOS, Inc. Head Start/Early Head Start - Transfer of Enrolled/Waitlisted Participant

NINOS, INC.

Incomplete forms will be returned for completion.

Send all completed and signed forms to dc@ninosinc.org for processing.

Staff Name: Employee ID:		
Employee ib.		
Center: Date of Request:		
Section 1: Current Applicant Status (Select Only One)		
☐ "Enrolled" Applicant Status ONLY select this if participants has a status of "Enro	olled" in ChildPlus	
☐ "Waitlisted" Applicant Status ONLY select this if participants has a status of "Wait	itlisted" in ChildPlus	
Section 2: Type of Transfer (Select Only One)		
☐ Center to Center ONLY select if child is going to a new center and class	assroom	
☐ Classroom to Classroom ONLY select if child is going to a new classroom with	thin the same center	
☐ Transition EHS to HS ONLY select if the transfer is for a child transitioning	ng to Head Start	
Section 3: Applicant's Enrollment Information		
1 Current Program: Early Head Start	Head Start	
2 Applicant's Name: 3 Applicant's ChildPlus ID:		
4 Current Site: 5 Current Classroom:		
6 New Site: 7 New Classroom:		
8 Expected Date to be at New Site/Classroom Date:		
9 Name of Contact Person at Other Site for Transfer:		
10 Notes Regarding		
Reason for Transfer:		
Reason for Transfer:		
Reason for Transfer: Section 4: Release of Information by Parent/Guardian Apply for Transfer of Enrollment Par	articipant Records	
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