

Date Drop

Processed:

NINOS, Inc. Head Start/Early Head Start - Program Withdrawal Request

Incomplete forms will be returned for completion.

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

Sta	ff Name:					Employee ID:		
510	Center:					Date of Request:		
Section 1: Applicant's Enrollment Information								
1		Current Program:	Early Head Start Head Start					
2		pplicant's Name:						
3		ry Adult's Name:						
4 5	Арриса	nt's ChildPlus ID:	6 Current Classroom:					
5	Current Site: 6 Current Classroom:							
Section 2: Drop Reason								
Aged out of program (EHS Only)								
Enrolled in Daycare								
Enrolled in Public School/Pre-K								
Foster Care – Child Placed with New Foster Parents								
	Foster Care – Child Reunited with Family							
	Moved Out of Service Area (Cameron/Willacy County) Where:							
No Longer Interested in Services								
Not Able to Contact Parent & Child No Longer Showing Up to Class								
Not Satisfied with Services								
Parent Concerned – Not Ready for School								
	Pregnant Mom Delivered Child							
	Transportation Issues							
Other Reason: Use Notes Below								
	Drop N	lotes (Required):						
Section 3: Parent/Guardian Acknowledgement of Withdrawal Request								
Section 5. Falent/Guarulan Acknowleugement of Withurawai Request								
I,, am requesting that my child be withdrawn according to the information								
[Parent/Guardian]								
listed above and hereby give my permission to continue with the withdrawal process.								
[Parent/Guardian Signature]						[Date	e]	
Section 4: Authorization (Administrative Staff Only)								
Approval for "Enrolled" Applicant Status Only								
Date Family Service Coordinator Reviewed and Approved Form: Initials:								
					<u> </u>	Ι	<u> </u>	
Date Director of Children Services Authorize Form:						Init	als:	

Completed by Data Compliance

Initials:

Official Last Day of

Enrollment: