

Community Colleges Spokane County Head Start/EHS/ECEAP of Spokane Transfer Request **Transfer Request**

Child Name:
Transfer requested: As soon as possible After this date:
Current Site/Classroom: Desired Site:
Reason for Transfer:
I understand that Head Start/EHS will try to accommodate this request but that some transfers may not be possible based on classroom factors and space availability.
Parent/Guardian Signature Date
FOR OFFICE USE ONLY
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FOR OFFICE USE ONLY Transportation Plan: Yes No Explain Financial Plan for Full Day: Yes No Explain
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