

Kawerak Head Start
CHANGE OF STATUS FORM

Updated 5/23/12

Student Name _____ Center _____ Date _____

NEW STUDENT *Must have negative TB RESULTS before entering classroom.*

Student Name	Site/Classroom	Planned 1 st Day
Due in 1 week: Height & Weight	Due in 2 weeks: ESP/Dial 3/ASQ, hearing & vision screenings	Due within 30 days: Well Child Exam, Dental Exam, DECA, 1 st home visit

ENROLLMENT CHANGES

Transfer from:	Withdrawal date:	Re-enroll date:
Transfer to:	Put back on wait list? <input type="checkbox"/> Yes <input type="checkbox"/> No	Center Name:
Last day attended:	Reason for withdrawal:	MUST RE-VERIFY INCOME & COMPLETE A FAMILY NEEDS UPDATE FORM.

STUDENT & FAMILY CHANGES

Name Change Student's Previous name:		Change name to:		Effective Date:	Reason for name change:	
Change in Custody Name of Adult(s):	Adults' DOB:	Educational Level	Employment Status	Mailing Address & Phone number	Effective Date:	<input type="checkbox"/> Foster care <input type="checkbox"/> Natural/Adopted Parent <input type="checkbox"/> Other, specify:
New mailing address:		New physical address:		New email address:		New phone number:

CHANGE IN HOUSEHOLD MEMBERS

First, Middle Initial, Last Name	Date of Birth	Gender M/F	Relationship to Student	Ethnicity-AK Native, White, specify?	Highest Education Completed	Employment Status (F/T, P/T, unemployed)

CHANGE IN EMERGENCY/CHILD PICK-UP PERSON

Add or Remove	First & Last Name	Relationship to Student	Emergency Contact? Y/N	OK to Pick Up? Y/N	Contact information: Physical Address & Phone Number(s)

CHANGE IN INSURANCE

<input type="checkbox"/> Add <input type="checkbox"/> Remove	Effective date:	Insurance name:	Insurance #:
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CHANGE IN TRANSPORTATION

Pick-Up or Drop Off?	Effective Date	Contact Person (First & Last Name)	Physical Address	Contact Phone(s)

INDIVIDUAL CONCERNS/SPECIAL NEEDS *If child has IEP/IFSP, suspected disability, mental health concern, allergy, medical issues, social service concern in family, etc., note below.*

Disabilities/Mental Health	Health/Nutrition	Family/Social Services

Who should receive a copy of this Change of Status: *Check all that apply and enter name of staff.*

- Teacher _____
 Family Advocate _____
 Cook/Kitchen _____
Health & Nutrition _____
 Education & Disabilities _____
 ERSEA _____
Other _____

Parent Name _____ Parent Signature _____ Date _____