



Lowndes County
Board of Education Head Start



CHANGE OF STATUS--FORM SOCSER614

Center Name: _____ Class # _____
 Child's Name: _____
 Parent/Guardian: _____

Change in enrollment status:

Change Insurance information

Enrollment date: _____ class _____
 Withdrawal: _____
 Reason: _____

Med-Drop date: _____
 Med-Add date: _____
 Medicaid #: _____
 Ins. Co: _____
 Effective date: _____

Name Change:

Change of Custody to:

Child to: _____
 Reason/date: _____
 Parent/to: _____
 Reason/date: _____

(Note: Family Supplement Form for new families)
 Foster__ Natural__ Other__
 Date of Change: _____
 New Family Name: _____

Change Address/Phone:

Parent/Guardian Name: _____

Address: _____

 Phone: _() _____
 Other _() _____

Change of Transportation

Pick-up: _____

Change of Classroom/Center:

Pick-up route: _____

Center _____
 Class _____
 Effective date: _____

Drop off: _____

Drop off route: _____

Other (Specify change)

 Staff Signature, Date