

Provider: Send completed form to Transfers Department by fax (786-275-5180) or email (transfers@elcmdm.org)

STUDENT INFORMATION

| | | |
|--------------|----------------------|------|
| Student Name | Last 4 Digits of SSN | Date |
|--------------|----------------------|------|

PARENT INFORMATION

| | | |
|------------------------|---------------|------------------|
| Parent / Guardian Name | Email Address | Telephone Number |
|------------------------|---------------|------------------|

VPK TRANSFER / WITHDRAWAL

| | | |
|---|--|-----------------------|
| Current Provider | Telephone Number | Email Address |
| Transfer <input type="checkbox"/> Withdrawal <input type="checkbox"/> | Student Start Date | Student End Date |
| Reason for Transfer / Withdrawal | | |
| Total Days in VPK Program | Number of Hours per Day in VPK Program | Total Hours Remaining |
| Provider Completing Form | | |

New VPK Certificate will be emailed to the parent email provided. Please allow up to 5 business days for processing.

SCHOOL READINESS WITHDRAWAL (FOR SCHOOL READINESS TRANSFER USE FORM 2215)

| | | |
|----------------------------------|------------------|---------------|
| Current Provider | Telephone Number | Email Address |
| Student Start Date | Student End Date | |
| Reason for Transfer / Withdrawal | | |

Children who are absent for more than five (5) days without any contact from the parent must be withdrawn by the provider.

| | | |
|----------------|-----------|------|
| ELC Staff Name | Signature | Date |
|----------------|-----------|------|