

RELEASE OF STUDENT INFORMATION

This form authorizes the transfer of all school records within Big Sandy Head Start program. (Martin, Magoffin, Pike, Floyd, Johnson, Model City, and Paintsville City.)

The below named child is currently seeking enrollment with _____
Head Start. This form is provided for the purpose of obtaining the student's records.

Student's Full Name: _____

Student's Date of Birth: _____

Head Start Previously Attended: _____

I hereby give the above named Head Start permission to release my child's complete school record to the Head Start program checked below:

_____ Floyd County Head Start
2520 South Lake Drive
Prestonsburg, Kentucky 41653
PH: 606-886-4549/Fax: 606-886-4544

_____ Magoffin County Head Start
Box 290
Salyersville, Kentucky 41465
PH: 606-349-3488/Fax: 606-349-4088

_____ Johnson County Head Start
649 US 23 South
Staffordsville, Kentucky 41256
PH: 606-789-2511/Fax: 606-887-6011

_____ Paintsville City Head Start
305 Second Street
Paintsville, Kentucky 41240
PH: 606-789-2609/Fax: 606-789-2575

_____ Model City Head Start
152 Bank Street
Pikeville, Kentucky 41501
PH: 606-432-7448/Fax: 606-432-7412

_____ Martin County Head Start
Box 2189
Inez, Kentucky 41224
Eden PH: 606-298-3471/Fax: 298-0901
Inez PH: 606-298-3428/Fax: 298-0386
Warfield PH: 606-395-7108/Fax: 395-5980

_____ Pike County Head Start
316 South May Trail
Pikeville, Kentucky 41501
PH: 606-433-9315/Fax: 606-433-0787

Signature of Parent / Guardian: _____

Date: _____