



Please do not download this form without prior approval from ELCOC staff and if ELCOC.org website is operational.

Parent/Guardian Name:			SSN (optional	):
Address, City, State, Zip:				
Employer:	Phone # to b	e reached:		
child(ren) Transferring Information	ation:			
would like to request a transfe	er for the following ch	ildren:		
Name:	Birth date:	//	Last date attended: _	//
Name:	Birth date:	//	Last date attended:	//
Name:	Birth date:	//	Last date attended: _	//
Name:	Birth date:	//	Last date attended: _	//
FROM:			CURREN	T PROVIDER - NAME & ADDRES
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ΓΟ:			NEV	W PROVIDER - NAME & ADDRES
EFFECTIVE DATE OF TRANSFER			NEV	W PROVIDER - NAME & ADDRES
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