

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
606-886-4555

_____ Martin County Head Start
Box 2189
Inez, Kentucky 41224
606-298-7990

_____ Johnson County Head Start
1709 Euclid Avenue
Paintsville, Kentucky 41240
606-789-2511

_____ Paintsville City Head Start
305 Second Street
Paintsville, Kentucky 41240
606-789-2609

_____ Model City Head Start
152 Bank Street
Pikeville, Kentucky 41501
606-432-7448

_____ Magoffin County Head Start
PO Box 290
Salyersville, Kentucky 41465
606-349-3488

_____ Pike County Head Start
Box 3097
Pikeville, Kentucky 41501
606-433-9301

Signature of Parent / Guardian: _____

Date: _____