

RELEASE OF STUDENT INFORMATION

This form is provided for the purpose of obtaining student records.

This form authorizes the previously attended Head Start program to release all school records of the following student to another program within the Big Sandy Head Start. (Martin, Magoffin, Pike, Floyd, Johnson, Model City, and Paintsville City.)

The below named child is currently **seeking enrollment with** _____
Head Start.

Student's Full Name: _____

Student's Date of birth: _____

Head Start Previously Attended: _____

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

_____ Floyd County Head Start
106 North Front Street
Prestonsburg, Kentucky 41653
606-886-4555
Fax-606-886-8862

_____ Martin County Head Start
Box 2189
Inez, Kentucky 41224
606-298-7990
Fax-606-298-0777

_____ Johnson County Head Start
7279 US 321 South
Hager Hill, Kentucky 41222
606-789-2511
Fax-606-789-2525

_____ Paintsville City Head Start
305 Second Street
Paintsville, Kentucky 41240
606-789-2651
Fax-606-789-2575

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

_____ Magoffin County Head Start
Box 109
Salyersville, Kentucky 41465
606-349-3488
Fax-606-349-4088

_____ Pike County Head Start
Box 3097
Pikeville, Kentucky 41501
606-433-9315
606-433-0787

Signature of Parent / Guardian: _____

Date: _____