

**BIG SANDY AREA COMMUNITY ACTION PROGRAM
HEAD START
230 COURT STREET • PAINTSVILLE, KY 41240
606-789-1600 PHONE • 606-789-5192 FAX**

GED/LITERACY EFFORT REQUEST

Name: _____ Phone/Cell: _____

Address: _____ Email: _____

Name of Child Enrolled in Head Start: _____

Head Start Classroom: _____

Location of Literacy/GED Classes: _____ Day(s)/Times of Class: _____

Instructor's Name: _____

Location of GED Exam: _____

Date(s) of Exam: _____

Assistance Need: (Check all that apply)

_____ GED Retake Exam Fee

_____ Mileage

_____ To/From Classes

_____ To/From Exam

_____ Baby Sitting Fee

_____ While Attending Class

_____ While Taking Exam

_____ Eye Exam

_____ Glasses Only

_____ Exam & Glasses

_____ Hearing Aid Assistance

Parent Signature: _____

Received in Delegate Office By: _____ Date: _____

Approved By:

Delegate Director: _____

Grantee Quality Control Manager: _____

Grantee Director: _____

Executive Director: _____