

**Big Sandy Area Community Action Program
Head Start**

230 Court Street • Paintsville, KY 41240
606-789-1600 *phone* • 606-789-5192 *fax*

Parent Career Development Request For Exam Fees

Date: _____ Primary Phone: _____
Name: _____ Alternate Phone: _____
Address: _____ Email: _____

Last 4 Digits of Social Security #:

Name of Child Currently Enrolled in Head Start: _____
Head Start Classroom: _____

I am requesting assistance with payment of exam fees for: _____

Name of Exam	Name of Agency To Be Paid	Address of Agency	Cost

Total: _____

Estimated Date(s) of Exam(s): _____

I understand that by signing below, I am verifying that other funding sources are not available to cover the cost of the exam fees listed above:

Parent Signature _____
Date

Date Received in Delegate Office: _____ By: _____

Approved By:
Delegate Director _____

Grantee Quality Control Manager _____

Grantee Director _____

Executive Director _____