

Leech Lake Head Start/Early Head Start

190 Sailstar Dr NW
Cass Lake, MN 56633
Ph # 218-335-8345 · Fax # 218-335-8255



Transfer Request

Child's Name: _____ Age: _____

Parent/Guardian: _____

Current Classroom/site _____

Requested Classroom/Site: _____

Updated Contact information: _____ Phone: _____

Address: _____

Reason for Transfer:

Parent/Guardian Signature Date

Director Signature Date

Transfer Letter sent to parents on: _____ By: _____
(Date) FCP signature