

VPK CLASSROOM TRANSFER

If you have any questions you may send them to vpk@elc-marion.org

(Please write legibly)

Provider Name: _____

Child Name: _____

Parent Name: _____

Phone: _____

Street Address: _____

Apt./Suite #: _____

City, State, Zip: _____

Original Class: _____

Date of last attendance: _____

New Class: _____

Start Date: _____

Provider Signature

Date

ELCMC Staff Signature

Date

***For Internal Classroom Transfers Only

Please fax or mail form to:

Attn: vpk@elc-marion.org

2300 SW 17TH Road

Ocala, FL 34471

fax: 352-369-2308

In partnership with



4.19.16-mstone

