

VPK CLASSROOM TRANSFER

If you have any questions you may contact La Trisha Simms at 352-629-0055 ext. 335 or
Michelle Roberts at 352-369-2315

(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

CDS Staff Signature

Date

***For Internal Classroom Transfers Only

Please fax or mail form to:

Attn: LaTrisha Simms
1601 NE 25th Ave. Suite 900
Ocala, FL 34470
fax: 352-620-2660

In partnership with

