

WAIVER OF HEAD START ELIGIBILITY

This documents that the undersigned family understands that although their child may be eligible for the Head Start program, they are requesting to enroll their child in the Great Start Readiness Program.

(PARENT please print)		
Child's name: _____	____/____/____	
last	first	birth date
Home address: _____	MI _____	
Street address	City	Zip
Home phone number: (____) _____		
Parent (contact) name: _____		
REASON FOR NOT CHOSING HEAD START: _____		

I understand that although my child may be eligible for Head Start, and that the Head Start program has a higher level of funding and can provide more services to my child and/or family; I have chosen to enroll my child in the GSRP.		
_____	_____	
Parent Signature	Date	

(SCHOOL REPRESENTATIVE please print)	
School District: _____	Fax No. _____
Phone # _____	Contact Person (print) _____
I have informed this family that they may be eligible for the Head Start program which has a higher level of funding and can provide more services to the child and/or family.	
_____	_____
Great Start Readiness Program Representative	Date

I have received the above information regarding this family's choice for their child to attend G.S.R.P, and give permission for the MSRP to service the above mentioned child.	
_____	_____
Head Start Representative	Date

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