**Date**: MM/DD/YYYY

|  |  |
| --- | --- |
| **School System** |       |

|  |  |
| --- | --- |
| **Staff Name** |       |

|  |  |  |
| --- | --- | --- |
| **Family Name** | **Father** | **Mother** |
|       |       |       |

Please complete for the children listed on this form.

|  |  |
| --- | --- |
| **Date of Departure**  | MM/DD/YYYY |

|  |  |
| --- | --- |
| **Relocated to:** |  |
| **County** |       |
| **City** |       |
| **State** |       |

Please list **ALL** children in family for whom this information applies.

|  |  |  |
| --- | --- | --- |
| **Child’s Name** | **Date of Birth** | **COEstar ID#** |
|       |       |       |
|       |       |       |
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COMMENTS:

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