



MECK Pre-K Transfer Request Form

MECK Pre-K Petición de Transferencia

PARENT/LEGAL GUARDIAN: Please return this form by doing one of the following:
PADRES/TUTOR LEGAL: Favor de completar y devolver el siguiente formulario en una de las siguientes maneras

1. Mail to <i>Envie a:</i> 601 East 5 th Street, Charlotte, NC 28202	2. Fax to <i>Vía facsímile:</i> 704-377-1824 fax	3. Email to <i>Por correo electrónico</i> meckprek@smartstartofmeck.org
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Only One Transfer is Allowed Per School Year *Solo se permite una petición de transferencia por año escolar.*

Child's Full Name _____ Birth Date _____
Nombre Completo Niño(A) Fecha De Nacimiento

Phone Number _____ E-Mail _____
Número de teléfono Correo electrónico

Current Site Placement <i>El Centro Asignado Actual</i>	Desired Site Placement <i>El Centro Preferido</i>
<input type="checkbox"/> ABC Academy	<input type="checkbox"/> ABC Academy
<input type="checkbox"/> Bethlehem-McAlpine	<input type="checkbox"/> Bethlehem-McAlpine
<input type="checkbox"/> Bethlehem-Oaklawn	<input type="checkbox"/> Bethlehem-Oaklawn
<input type="checkbox"/> Bright Future Learning Center	<input type="checkbox"/> Bright Future Learning Center
<input type="checkbox"/> Child Care Network #53 South Blvd	<input type="checkbox"/> Child Care Network #53 South Blvd
<input type="checkbox"/> Child Care network #55 Park South Dr	<input type="checkbox"/> Child Care network #55 Park South Dr
<input type="checkbox"/> Child Care Network #91 Lawyers Rd	<input type="checkbox"/> Child Care Network #91 Lawyers Rd
<input type="checkbox"/> Child Care Network #97 Woodlawn Rd	<input type="checkbox"/> Child Care Network #97 Woodlawn Rd
<input type="checkbox"/> Dixon Academy of Charlotte Inc	<input type="checkbox"/> Dixon Academy of Charlotte Inc
<input type="checkbox"/> Gateway Academy Ballantyne	<input type="checkbox"/> Gateway Academy Ballantyne
<input type="checkbox"/> Gateway Academy Kenton	<input type="checkbox"/> Gateway Academy Kenton
<input type="checkbox"/> Gateway Academy Northlake	<input type="checkbox"/> Gateway Academy Northlake
<input type="checkbox"/> Mallard Creek Learning Center	<input type="checkbox"/> Mallard Creek Learning Center
<input type="checkbox"/> Marizetta Kerry CDC	<input type="checkbox"/> Marizetta Kerry CDC
<input type="checkbox"/> Nana's Place University LLC	<input type="checkbox"/> Nana's Place University LLC
<input type="checkbox"/> Pal-A-Roo's	<input type="checkbox"/> Pal-A-Roo's
<input type="checkbox"/> Pee Wee's Little People	<input type="checkbox"/> Pee Wee's Little People
<input type="checkbox"/> Smart Kids CDC #7 Sam Newell Rd	<input type="checkbox"/> Smart Kids CDC #7 Sam Newell Rd
<input type="checkbox"/> Smart Kids #9 South Point Blvd	<input type="checkbox"/> Smart Kids #9 South Point Blvd
<input type="checkbox"/> Sunshine House	<input type="checkbox"/> Sunshine House

Reason for request _____
Razón por la cual desea la transferencia

Parent or Legal Guardian Name (print) _____
Nombre del Padre ó Tutor Legal

Parent or Legal Guardian Name (signature) _____ Date _____
Firma del Padre ó Tutor Legal Fecha

FOR OFFICE USE ONLY	
Transfer Approval Date:	Authorized Signature:

DIRECTOR INSTRUCTIONS: Please coordinate an ending date and start date at each site after contacting parent.