

**Doña Ana County Head Start**  
***Child Disenrollment Form***

Date: \_\_\_\_\_

Center: \_\_\_\_\_ AM Session / PM Session

Child's Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

1<sup>st</sup> day of center attendance: \_\_\_\_\_

Disenrollment date: \_\_\_\_\_

Was this child referred to another program?      YES      NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason child was disenrolled: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of H.S. Staff

\_\_\_\_\_  
Date

*Place form in disenrolled child's file.*