



Northwest Michigan Action Agency
Head Start & Great Start Readiness Program

RELEASE TO SERVE A HEAD START ELIGIBLE CHILD INTO A GSRP PROGRAM

Date Sent to Head Start: _____

Child's Name: _____

Child's Birth Date: _____

Parent Name(s): _____

Address and County: _____, _____, _____, _____

Telephone Number /e-mail: _____

School District of Residence: _____

EXPLANATION OF FAMILY PROGRAM PREFERENCE

Although my child is Head Start eligible, my preference is to apply to the Great Start Readiness Program (GSRP).

Reason for Preference:

Parent/Guardian/Foster Signature: _____

The above family is under consideration for enrollment in the GSRP program operated by:

If the GSRP program has space for this child and with the signed permission below can enroll this child for this school year.

GSRP School Staff Signature and Title: _____

Head Start Staff Signature and Title: _____

Head Start Date Signed: _____