HeadStart™
OF SANTA CLARA AND SAN BENITO COUNTIES

408-453-6900 800-820-8182

Early Learning Services Department
Head Start Program
1290 Ridder Park Drive, MC 225
San Jose, CA 95131-2304
web: www.myheadstart.org

Please Fax Agency Application/Enrollment Referral to (408) 453-6757

Family Information

Child's Name:	
Child's Date of Birth: (mm/dd/yyyy)	Sex: (check one) ❍ Male ❍ Female
Primary Parent/Guardian Name:	Date of Birth:
Mailing Address:	
Telephone 1: ( )	Telephone 2: ( )
Languages Spoken:	

Referring Agency

Contact Person's Name:	
Title:	Date Submitted:
Email:	
Telephone: ( )	
Agency Name:	
Agency Address:	

Referral Information

Has this enrollment opportunity been discussed with the parent(s)/guardian(s): ❍ Yes ❍ No

Reason for referral: (please check all that apply)

❍ Family Wellness Court Child ❍ Homeless ❍ Foster Child ❍ Regional Center Client
❍ DSS/DFCS Intervention ❍ IEP/IFSP ❍ 4C's EHS ❍ Other: _____

Comments: _____

HEAD START/EARLY HEAD START OFFICE USE ONLY			
Tracker#:	App sent:	Additional docs: Y N	Mltpl/Sblng: Y N

ELSD:HS:05/2011

Santa Clara County Office of Education