|  |
| --- |
| **Family Cover Sheet**  **MSHS** |
|  |
| Last, First Middle Name: |
|  |

Child Plus ID#:

|  |
| --- |
|  |
| Year: |
| Migrant or Seasonal: |
| Site and Room#: |
| **Application Date:**  (Date Parent/Guardian signed enrollment forms) |
| **Eligibility/Waitlist Date:**  (Date Enrollment Eligibility Team Member signed file. Enrollment Verification Checklist is complete) |
| **Accepted Date:**  (Date participant was selected for service) |
| **Enrollment Date:**  (1st day of **actual** child attendance) |
| **Dropped Date:**  (Last Child Attendance Date) |