



**SARATOGA COUNTY  
DEPARTMENT OF HEALTH**

6012 County Farm Road  
Ballston Spa, NY 12020

DANIEL KUHLES, M.D., M.P.H.  
Commissioner

PHONE: (518) 584-7460  
FAX: (518) 583-1202

Form is to be used to communicate all inconsistent pattern absences, and student changes. **The form is due within 5 days of change.**

### Child Notification Form

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

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Current Phone Number and Address

\_\_\_\_\_  
Service Provider

\_\_\_\_\_  
School District

*Please select one:*

EI    CPSE

*Check all that apply:*

Centerbased    SEIS    Related Service

**Dismissal/Withdrawal from program:**    Last day of service: \_\_\_\_\_

Reason for dismissal/withdrawal: \_\_\_\_\_

**Absences:    (inconsistent pattern absences throughout the month)**

Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

**Changes:**

Date the Change is effective: \_\_\_\_\_ Enrollment Start Date Change: \_\_\_\_\_

Parent/Guardian Change: \_\_\_\_\_

New home address: \_\_\_\_\_

New phone number: \_\_\_\_\_ New School District: \_\_\_\_\_

New County: \_\_\_\_\_

Other change(s): \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing this Form

\_\_\_\_\_  
Date

Copy sent to:    \_\_\_\_\_ county    \_\_\_\_\_ school district