



Schenectady County Public Health Services

Children with Special Needs
107 Nott Terrace, Suite 306
Schenectady, New York 12308-3170
Phone: (518) 386-2815
Fax: (518) 386-2801

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

*Keith M. Brown, MPH
Public Health Director*

*Claire Proffitt, MPH, BSN, RN
Deputy Public Health Director*

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