



## LEARNING CENTER TRANSFER FORM

\_\_\_\_\_  
Student Name    Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Grade

### Previous Learning Center

\_\_\_\_\_  
Name

\_\_\_\_\_  
Director Name (Print)

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOPE Teacher/Site Coordinator

\_\_\_\_\_  
Date

### New Learning Center

\_\_\_\_\_  
Name

\_\_\_\_\_  
Director Name (Print)

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOPE Teacher/Site Coordinator

\_\_\_\_\_  
Date

- \_\_\_\_\_ I have elected to transfer my child to another Hope Co-Op Learning Center.  
\_\_\_\_\_ My child will no longer attend their Previous Learning Center, and the Learning Center and Parent Agreement with my child's Previous Learning Center should be considered invalid as of the date on this form.  
\_\_\_\_\_ My child will attend their New Learning Center, and I will enter into a new Learning Center and Parent Agreement with my child's New Learning Center.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director Signature

\_\_\_\_\_  
Date

Return Completed Form to: Hope Co-Op Office