



Acceptance Letter

Date: _____

RE: _____ I.S.D. Head Start Program

Dear Parent or Guardian of _____
Child's Name

Thank you for completing the Head Start Application. Your child's services will be provided at:

Name of Campus

Address of Campus

Your child's first day of school is _____,
Date

Parent Orientation for Head Start will be _____,

Please bring a current copy of your insurance card (Medicaid, CHIP or Private).

If you need any more information or have any questions, please contact me at _____
after _____.
Date

Sincerely,

Head Start Family Service Worker

"Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations."