



Northeast South Dakota Head Start Program, Inc.

200 South Harrison Street #1, Aberdeen, SD 57401

Phone Number: 605-229-4506 Fax Number: 605-226-0196



Referral Form

Child's Name: _____ Date of Birth: _____

Primary Parent/Guardian Name: _____

Cell Phone #: _____ Home Phone #: _____

Mailing Address: _____ City: _____ Zip: _____

Referring to: _____

Address: _____

Fax: _____ Phone: _____

Reason for Referral:

By signing below, I am authorized to produce information regarding the child listed at the top of this form, to the referred agency.

Signature of Referring Employee

Date