



# Centralized Enrollment Unit

## Head Start/EHS

### Application Transmittal Receipt



**Program Name:** \_\_\_\_\_

No.	Child's Name	DOB	Staff Name	FID #	Date IN PROMIS	CEU ONLY (notes)	IEP/ ISFP (current)
1.							
2.							
3.							
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13.							
14.							
15.							

Staff Verification Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**FSS-Supervisors/Program Specialist**

CEU Staff received by: \_\_\_\_\_ Date: \_\_\_\_\_