

EESLPD CHANGE OF INFORMATION

Early Childhood Education Lead Teachers – Nonpublic Schools



REQUIRED FIELDS

Section I	<i>Please print legibly and enter your entire legal name as it appears on your social security card.</i>		
Teacher's First Name	Middle Name	Maiden Name	Last Name

I am changing **Personal Demographics (Section II)** **Site Change (Section III)**

Section II	Personal Demographics: <i>Please print legibly and enter your entire legal name as it appears on your social security card.</i>		
First Name	Middle Name	Maiden Name	Last Name
Home Mailing Address		City	State
			NC
Home Phone Number	Cell Phone Number	Email Address	
- -	- -	@	

Section III	Site Change: <i>Please print legibly or type</i>		
Type of Program or Facility <input type="checkbox"/> Private Child Care <input type="checkbox"/> Head Start <input type="checkbox"/> Developmental Day			
Site Name		Hire Date (MM/DD/YYYY)	
		/ /	
Site Physical Address	City	State	County
		NC	
Site Phone Number	Site Fax Number		DCD Star Rating
- -	- -		
Primary Site Administrator / Director Name	Email	Phone Number	
	@	- -	
Secondary Site Administrator / Director Name	Email	Phone Number	
	@	- -	

NOTE: This form must be completed, signed and dated by the applicant, NC Pre-K Contractor or Site Administrator. If completed by the NC Pre-K Contractor or Site Administrator on behalf of the applicant, the completed form must be reviewed for accuracy with the teacher prior to submission to the EESLPD Unit.

Signature

Date

*In order to continuously protect your personal identification, the EESLPD Unit will **ONLY** accept this application form via fax or postal mail. Applicants should retain a copy of this form.

Mailing Address: Attn: EESLPD Enrollment Specialist, 2201 Mail Service Center, Raleigh, NC 27699-2200

Fax Number: (919) 715-0920