

Request to Transfer Between ILM Centers

CURRENT ILM Facility:	
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REQUESTED ILM Facility:	
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Child(ren)'s Name(s):	
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I, _____ am requesting Inquiring Little Minds (ILM) to
(Parent/Guardian Name)
transfer my child(ren), _____ from their
(Name(s) of Child(ren))
current facility, ILM- _____ to ILM- _____.
(Current Facility Name) (New Facility Name)

My preferred transfer date is _____.
(Requested Date of Transfer)

I want to continue the child(ren)'s current schedule at the new facility. YES NO

(if NO, include completed DAY CHANGE CONSENT FORM)

By signing this form, I officially agree to ILM pursuing this transfer. I understand that processing this transfer can take between 1-3 months to process, depending on enrollment at my requested center.

Parent/Guardian Signature: _____

Date: _____
(Date of Signature)