

# EES CHANGE OF INFORMATION

Early Childhood Education Lead Teachers – Nonpublic Schools

Complete each section. Please enter N/A if the section does not require the information.

Do not leave any blank sections

<b>Type of Change Request</b>				<input type="checkbox"/> Legal Name <input type="checkbox"/> Contact Information <input type="checkbox"/> Facility/Site <input type="checkbox"/> Educator Preparation Program Affiliation			
<b>NOTE:</b> A legal name change is also required by submitting a Name Change Request through the NC Department of Public Instruction (DPI) Online Licensure System ( <a href="https://vo.licensure.ncpublicschools.gov/">https://vo.licensure.ncpublicschools.gov/</a> ).							
<b>First Name</b>		<b>Middle Name</b>		<b>Maiden Name</b>		<b>Last Name</b>	
<b>Home Mailing Address</b>				<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Home Phone Number</b>		<b>Cell Phone Number</b>		<b>Email Address</b>			

Teacher site employment changes are only required to complete

<b>Type of Change Request</b>							<input type="checkbox"/> Site Administrator <input type="checkbox"/> Program Status <input type="checkbox"/> No Longer NC Pre-K Site <input type="checkbox"/> No Longer MECK Pre-K Site		
<b>Program Status</b>							<input type="checkbox"/> NC Pre-K <input type="checkbox"/> Head Start <input type="checkbox"/> Developmental Day <input type="checkbox"/> MECK Pre-K		
<b>Site Name</b>		<b>Site Physical Address</b>		<b>City</b>	<b>State</b>	<b>County</b>	<b>Zip</b>		
<b>Site Phone Number</b>			<b>Site Fax Number</b>			<b>DCD Star Rating</b>			
<b>Primary Site Administrator / Director Name</b>			<b>Email</b>			<b>Phone Number</b>			
<b>Secondary Site Administrator / Director Name</b>			<b>Email</b>			<b>Phone Number</b>			

Educator Preparation Program Affiliation			
<b>School Name</b>	<b>Advisor</b>	<b>Email</b>	<b>Semester</b>

**NOTE:** This form must be completed, signed, and dated by the Teacher, NC Pre-K Contractor or Site Administrator. **If completed by the NC Pre-K Contractor or Site Administrator on behalf of the applicant, the teacher's signature is not required, but must be reviewed for accuracy with the teacher prior to submission to the EES Unit.**

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

NC Pre-K Contractor or Site Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

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