

OF CUMBERLAND COUNTY

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2022-2023 NC Pre-K Allocation Adjustment Request Form

| SITE INFORMATION | |
|--|--------------------------|
| Name of Site: | Date of Request: |
| Site Administrator's Name: | Contact Number: |
| SLOTS INFORMATION | |
| Number of slots currently allocated: in (how many) | classrooms? |
| Is the site requesting to: Increase number of slots Decrease number of slots | |
| ADDITIONAL SLOTS REQUEST | |
| Number of additional slots requesting: | |
| Do additional slots require your site to open a new classroom? Yes No | |
| If yes, do you have qualified teacher in the new classroom? Yes Other: | |
| Name of lead teacher: Degree: | License: |
| REDUCTION OF SLOTS REQUEST | |
| Number of reduction of slots: | |
| Reason for reduction: | |
| | |
| SIGNATURE | |
| | |
| Site Administrator's Signature: | Date: |
| | |
| PFC STAFF ONLY | |
| Type of Program: Private CCS HS Current slot allo | ocation: New allocation: |
| Recommendation: | |
| Approved Denied | |
| Signature Position | on Date |
| ☐ Approved ☐ Denied | |
| Signature Position | on Date |
| Approved Denied | |
| Signature Position | on Date |

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