



School District: _____

Date completed: _____

Migrant Education Parent Form

The answers to this form will help determine if your children are eligible to receive supplemental services from the Migrant Program.

Name of Parent(s) or Legal Guardian(s)		
Current Address:		
City:	State:	Zip Code:
Phone Number:		
Best Time to be Contacted:		

1. Has your family moved in order to work in another city, country, or state in the last three (3) years
YES ___ NO ___

2. If so, what is the date your family arrived in the city/town? _____

3. Has anyone in your family been involved in one of the following jobs, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

Agriculture; planting/picking fruits and vegetables

Planting, Growing, Detasseling or Farm labor

Processing/packing agricultural products

Dairy/Poultry/Egg/Livestocks

Meatpacking/Meat processing

Fishing or fish farms

Other (Please specify the job): _____

4. Name of student(s)

Name of School

Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you!