



School District: _____ Date completed: _____

Migrant Education Parent Form

The answers to this form will help determine if your child (ren) is eligible to receive supplemental services from the Migrant Program.

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

- Has your family moved in order to work in another city, country, or state in the last three (3) years
YES___ NO___
- If so, what date did your family move? _____
- 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? Yes_____ No_____

(Check all that apply)

- Meat Packing/Meat processing
- Dairy/Poultry/Egg/Livestock
- Agriculture; planting/picking fruits and vegetables
- Planting, Growing, Detasseling or Farm labor
- Processing/packing agricultural products
- Fishing or fish farms
- Other (Please specify other agricultural job): _____

4. Name of student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you!

Please return this form to the school. Note for the school/district: When both "yes" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)