



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)