

SECTION I: FAMILY DATA

1. Current Parent/Guardian 1: (Last Name, First Name) _____ Current Parent/Guardian 2: (Last Name, First Name) _____	2. Legal Parent/Guardian 1: (Last Name, First Name) _____ Legal Parent/Guardian 2: (Last Name, First Name) _____	3. Current Address (Street, Rural Route, Lot Number – Physical Address Only) _____ City _____ State _____ Zip _____ 4. Home Base (City/State/Country) _____ 5. Telephone <input type="checkbox"/> Check if mobile number _____
---	---	---

SECTION II: CHILD DATA

1. Last Name 1	2. Last Name 2	3. First Name	4. Middle Name	5. Suffix	6. H	7. Race	8. Sex	9. Birth Date MM/DD/YY	10. Age	11. MB	12. Code	13. Birthplace City State Country	14. School	15. Gr.
1.								/ /						
2.								/ /						
3.								/ /						
4.								/ /						
5.								/ /						

16. Child/Family Data Comments (e.g., urgent health, non-eligible children in the household, additional phone number(s), email address)

SECTION III: QUALIFYING MOVES & WORK

1. The child(ren) listed on this form moved due to economic necessity from a residence in _____ School district _____
 _____ City / State / Country to a residence in _____ School district _____
 _____ City / State _____
2. The child(ren) moved (complete both a. and b.):
 - a. as the worker, OR with the worker, OR to join or precede the worker.
 - b. The worker, _____ First Name and Last Name of Worker _____, is the child or the child's parent/guardian spouse.
 - i. (Complete if "to join or precede" is checked in 2a.) The child(ren) moved on _____ MM/DD/YY _____.
 The worker moved on _____ MM/DD/YY _____. (provide comment)
3. The Qualifying Arrival Date was _____ MM/DD/YY _____.
4. The worker moved due to economic necessity on _____ MM/DD/YY _____ from a residence in _____ School district _____ /
 _____ City / State / Country to a residence in _____ School district _____ /
 _____ City / State _____, and:
 - a. engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
 - b. actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)
5. The qualifying work,* _____ describe agricultural or fishing work _____, was (make a selection in both a. and b.):
 - a. seasonal OR temporary employment
 - b. agricultural OR fishing work

*If applicable, check: personal subsistence (provide comment)
6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:
 - a. worker's statement (provide comment), OR
 - b. employer's statement (provide comment), OR
 - c. State documentation for _____ Employer _____.

7. Residency Date (child arrival date) MM/DD/YY	8. OSY Info ONLY. Was OSY Profile completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last grade attended When (year) Where (country)	OSY Sec. II no. _____	OSY Sec. II no. _____
---	---	---	-----------------------	-----------------------

SECTION IV: COMMENTS (Must include 2bi, 4a, 4b, 5*, 6a and 6b of the Qualifying Moves & Work Section, applicable.) **Enter Recertification Date** (if applicable) _____

SECTION V: INTERVIEWEE SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed on this form is/are eligible for the Title I, Part C, Migrant Education Program. To the best of my knowledge, all of the information I provided to the interviewer is true.

Signature _____	Relationship to the child(ren) _____	Date _____
-----------------	--------------------------------------	------------

Check all that apply

1. I give my permission for my child(ren) to participate in the Title I Migrant Program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I give my permission for my child(ren) to be given emergency medical referral services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have been informed about FERPA. I authorize the district to release, transfer, and/or receive _____ my child(ren)'s educational and health records with other districts, educational agencies including HEP/CAMP, and pertinent agencies, including the ID&R Office.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: ELIGIBILITY DATA CERTIFICATION

I certify that based on the information provided to me, which in all relevant aspects is reflected above, I am satisfied that these children are migratory children as defined in 20 U.S.C. 6399(2) and implementing regulations, and thus eligible as such for MEP services. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid and I understand that any false statement provided herein that I have made is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.

Signature of Interviewer _____	Date _____
Signature of Designated SEA Reviewer _____	Date _____

