



School District: OA-BCIG COMMUNITY SCHOOL DISTRICTS      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 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!**

**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](mailto: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](mailto:geri.mcmahon@iowa.gov)) or Susan Selby at 515-281-4732 ([susan.selby@iowa.gov](mailto:susan.selby@iowa.gov)).