

**I. FAMILY DATA**

Parent/Guardian 1: Last Name, First Name	Phone 1:	Email 1:	Parent/Guardian 2: Last Name, First Name	Phone 2:	Email 2:
Current Address:			City:	State:	Zip:

**II. CHILD DATA**

Last Name 1	Last Name 2	Suffix	First Name	Middle Name	Sex	Birth Date	MB	Code	Residency Date	Grade

**III. QUALIFYING MOVES & WORK**

- 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
- The child(ren) moved (complete both a. and b.):
  - as the worker, OR  with the worker, OR  to join or precede the worker.
  - The worker, \_\_\_\_\_ First and Last Name of Worker, is  the child or the child's  parent/guardian  spouse.
    - (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)
- The worker moved due to economic necessity on \_\_\_\_\_ MM/DD/YY from a residence in \_\_\_\_\_ School district /City /State to a residence in \_\_\_\_\_ School district /City /State, and:
  - engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
  - actively sought new qualifying work, AND has a recent history of moves for qualifying work (provide comment)
- The qualifying work, \* \_\_\_\_\_ describe agricultural or fishing work, was (make a selection in both a. and b.):
 

a. <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment b. <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work	*If applicable, check: <input type="checkbox"/> Personal subsistence (provide comment)
--	---
- (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:
  - worker's statement (provide comment), OR
  - employer's statement (provide comment), OR
  - State documentation for \_\_\_\_\_ Employer
- The Qualifying Arrival Date was \_\_\_\_\_ MM/DD/YY.

**IV. COMMENTS** (Must include 2bi, 3a, 3b, 4, 5a, and 5b of the Qualifying Moves & Work Section, if applicable.)

**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.

I give permission for the release of student records to the Migrant Education Program. Student records may include but are not limited to academic records, disciplinary records, immunization records, and transcripts. The information is to be released for the following purposes: identify academic needs and identify the type of support services needed by the student. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Migrant Education Program. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Migrant Education Program for the specific purpose described above.

Educational use of information has been explained to me (FERPA).

I give Arroyo Research Services permission to take, edit, publish, copy, distribute, make use of any images or video taken of me for the purpose of informational, promotional and/or educational purposes including but not limited to newsletters, flyers, posters, brochures, websites, and other print or digital communications without payment or any other consideration. I acknowledge that this consent shall continue indefinitely unless I revoke the authorization in writing to Arroyo Research Services at info@arroyoresearchservices.com. I waive my right to compensation for these image(s)/video(s). I release Arroyo Research Services from any claims and liability relating to said image(s)/video(s).

Arroyo Research Services has my permission to use image(s)/video(s) of me as described above.

Signature	Printed Name	Relationship to the Child(ren)	Date
-----------	--------------	--------------------------------	------

**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, 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	Printed Name	Date
--------------------------	--------------	------

Signature of Designated SEA Reviewer	Printed Name	Date
--------------------------------------	--------------	------