



Beginning with the 2016-17 school year, all school districts in Iowa are required by the Department of Education to collect this form from every household who currently have students enrolled.

School District: Cedar Falls CSD Date completed: \_\_\_\_\_

Migrant Education Parent Form

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

**Name(s) of Parent(s) / Legal Guardian(s):**

Last Name:		First Name:	
Current Street Address:			
City:		State:	Zip:
Phone Number:			
Best Time to be Contacted:			

- Has your family moved in order to seek or obtain employment or work as a principal means of livelihood (as described in #3 below) in another city, country, or state in the last three (3) years?  
YES \_\_\_ NO \_\_\_
- If so, what is the date your family arrived in the city/town? \_\_\_\_\_
- Has anyone in your family been involved in one of the following jobs, either full or part-time or temporarily (as a principal means of livelihood) 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 migrant agricultural or fishing work:  
(Please specify the job): \_\_\_\_\_

- Name of all student(s) in household: \_\_\_\_\_ Name of School Building(s) the student(s) is/are enrolled in: \_\_\_\_\_ Current grade: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Thank you!**

**\*\* Please return this form to your oldest (or only child's) school at Registration time \*\***

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)).