IOWA MIGRATORY EDUCATION PROGRAM

Revision Date: September 8, 2023

Parent Form

School District: _____ **Date Completed:** _____

Your children may be eligible to receive supplemental services, depending on the answers to this form.

General Information

Name of Parent(s) or Guardian(s): _____

Current Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Best time to be contacted: _____

1. Have both parents lived in this town continuously for the past 3 years or longer? ___ **YES** ___ **NO**
   *If **YES**, please stop completing the form. If **NO**, please continue.*

2. Please select any of the following jobs that the family has done in the last 3 years:
   ___Slaughter, processing, meat locker (beef, poultry, pork) Tyson, JBS, Monsanto, Smithfield, Seaboard
   ___Feeding, milking, taking care of cows or goats (dairy farms)
   ___Planting or detasseling corn, soybeans, fruits, vegetables, nurseries, or greenhouses
   ___Hog farms, chicken farms, eggs, or turkey farms
   ___Preparing farm fields
   ___Other agricultural work. What was the activity or company? _____

Children's Information

Name of Child	Name of School	Grade

Please return this form to the school.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.

Iowa Department of Education