



SCHOOL INFORMATION

SCHOOL YEAR

CERTIFICATE OF ELIGIBILITY (COE)

School District/Agency: _____

FAMILY DATA

Parent/Guardian: LAST NAME FIRST NAME Parent/Guardian: LAST NAME FIRST NAME
 Current Address: City: State: Zip: Telephone: ()
 Date the child(ren) established residency in school district:

QUALIFYING MOVES AND 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 COUNTRY
- 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 NAME 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 Qualifying Arrival Date (QAD) was MM / DD / YY .
- 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 COUNTRY 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.):
 - seasonal, OR temporary employment * if applicable check: personal subsistence (provide comment)
 - agricultural, OR fishing work
- (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 .

COMMENTS 2bi 4a 4b 5 6a 6b of the Qualifying Move & Work Section, if applicable

MUST INCLUDE
 2bi, 4a, 4b, 5, 6a and 6b
 OF THE QUALIFYING MOVE & WORK DATA
 IF APPLICABLE

CHILD DATA

Name of Eligible Child (ren) as registered in school

Last Name 1 & 2	First Name	Middle Name	Suffix	Student ID	Sex	Birth Date	Code	MB	BIRTH PLACE: City	State	Country
							B	M			
							I	L			
							R	T			
							H	I			
							V	P			
							E	P			
							R	L			
							L	E			
							I	B			
							C	I			
							A	R			
							T	H			
							I				
							O				
							N				

MSIS ENROLLMENT

Building ID	Enrollment Date	Grade Level	Initial Date

INTERVIEWEE

I understand that 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/FIRMA _____
 RELATIONSHIP TO THE CHILD(REN)/PARENTESCO CON EL (LOS) MENOR(ES) _____
 DATE/FECHA _____

- I grant permission, if applicable for:
- my child(ren)s information to be shared with HEP/CAMP.
 - my child(ren) to receive a Health Physical Exam.
 - my child(ren)s information to be shared with Early Childhood Programs.

SIGNATURE/FIRMA _____
 RELATIONSHIP TO THE CHILD(REN)/PARENTESCO CON EL (LOS) MENOR(ES) _____
 DATE/FECHA _____

ELIGIBILITY 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 Migrant Education Program (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 _____

REVALIDATION

For completion 1 year after qualifying arrival date and annually thereafter

By my signature below, I give permission for my child(ren) to be considered "migrant" and to participate in the Migrant Education Program. This includes permission for all Migrant Education Program services, including the agreed on above.

2 Year Eligibility PARENT/GUARDIAN SIGNATURE _____ DATE/FECHA _____ INTERVIEWER'S INITIALS _____ 3 Year Eligibility PARENT/GUARDIAN SIGNATURE _____ DATE/FECHA _____ INTERVIEWER'S INITIALS _____

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