



Oregon Title 1C Migrant Education Program Eligibility Survey



Student's Name: _____
Last First Date

The Oregon Migrant Education Program offers programs designed to help children and young adults ages 3-21 who frequently move on their own or with their parents in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities. Services are free and may include transfer of education and health records, 24-hour accident insurance, educational support, parent involvement, summer school, referrals to community resources and services.

We would appreciate your cooperation in answering the following questions:

1. Has your family moved within the last three years? Yes No
2. Has a person in your family ever worked in or planned to work in agriculture, forestry and/or fishing? Yes No

If **yes**, type of work: _____

Additional comments: _____

Please fill out the rest of this form if you feel you might qualify for the program or if you are interested in finding our more information about the program services offered in your school district.

Student's School: _____ Student's Birth Date: _____ Student's Grade: _____

Name of Parent(s) / Legal Guardian(s) : _____
Last First

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Signature of Parent or Legal Guardian

Date

With my signature, I authorize personnel from the Migrant Education Program to contact me for the purpose of determining if we qualify for services.

Please return this form to your school office.

Thank you!
Migrant Education Program: Planting Seeds of Education!

