



IOWA MEP PARENT FORM

School District: \_\_\_\_\_ Date completed: \_\_\_\_\_

Migrant Education Parent Form

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

Name of Parent(s) or Legal 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 more?

YES \_\_\_\_ NO \_\_\_\_

2. If YES you may stop filling out the form, if NO please continue to question 3.

3. Please select any of the following jobs that the family have done in the last 3 years?

- Tyson, JBS, Monsanto, Smithfield, Seaboard,
- Feeding, Taking care of Cows, Goats (Dairy Farm), Milking
- Planting/ Detasseling- Corn, Soybeans (Monsanto, Syngenta, Stine)
- Pork, Chicken, Egg, Turkey Farms (Daybreak, Rembrand)
- Preparing farm fields
- Other agricultural work activity/Company \_\_\_\_\_

4. Name of student(s) Name of School Grade

_____	/	_____	/
_____	/	_____	/
_____	/	_____	/
_____	/	_____	/

Disclaimer at bottom of the form-

Please return this form to the school. Note for the school/district: When both "No" 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. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)