

ILLINOIS STATE BOARD OF EDUCATION MIGRANT EDUCATION PROGRAM CERTIFICATE OF ELIGIBILITY

School Year 20 _____ - 20 _____

DISTRICT NAME AND NUMBER/AGENCY	SHORT SCHOOL ID	FAMILY ID #	HOME BASE DISTRICT/STATE	RESIDENCY DATE
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A. QUALIFYING MOVES & WORK

1. 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
2. The child(ren) moved (complete both a. and b.):
 - a. as the worker, OR with the worker, OR to join or precede the worker.
 - b. The worker, _____ FIRST NAME AND LAST NAME OF WORKER, is the child or the child's parent/guardian spouse.
 - i. (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)
3. The Qualifying Arrival Date was _____ MM/DD/YY.
4. 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, and:
 - a. engaged in new qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move), OR
 - b. actively sought new qualifying work AND has a recent history of moves for qualifying work (provide comment)
5. The qualifying work,* _____ DESCRIBE AGRICULTURAL OR FISHING WORK was (make a selection in both a. and b.):
 - a. seasonal OR temporary employment
 - b. agricultural OR fishing work

*If applicable, check:
 personal subsistence (provide comment)
6. (Complete if "temporary" is checked in #5a) The work was determined to be temporary employment based on:
 - a. worker's statement (provide comment), OR
 - b. employer's statement (provide comment), OR
 - c. State documentation for _____ EMPLOYER

B. COMMENTS: (Check applicable boxes)
 Must include 2bi, 4a, 4b, 5, 6a, and 6b of the Qualifying Moves & Work Section, if applicable.

2bi
 4a
 4b
 5
 6a
 6b
 Other

C. FAMILY DATA

1. Parent/Guardian (1) (Last Name, First Name)	3. Legal Parent/Guardian (1) (Last Name, First Name)	5. Current Address (Street, City, State, Zip)	6. Telephone (Home and Cell) (Include Area Code)
2. Parent/Guardian (2) (Last Name, First Name)	4. Legal Parent/Guardian (2) (Last Name, First Name)		

D. CHILD/SCHOOL DATA (List all eligible children/youth)

										NGS ENROLLMENT			
1. Last Name 1/Last Name 2	2. First Name	3. Middle Name	4. Suffix	5. NGS ID	6. Sex	7. Birth Date	8. Code	9. MB	10. Birthplace (City, State, Country)	11. SSID	12. Enroll Date	13. GR	14. Type

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E. INTERVIEWEE SIGNATURE

I understand 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 Relationship to the Child(ren) Date (MM/DD/YY)

Language Used to Explain the Contents of this Document ENGLISH SPANISH OTHER (specify): _____

F. PROGRAM PARTICIPATION AND RELEASE OF RECORDS

I give permission for my child(ren) to participate in the Migrant Education Program.

Release of Records: The rules for migrant eligibility, services, student record transfer, and the Family Educational Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize this school district or local Migrant Education Program (MEP), the Illinois State Board of Education (ISBE), and the New Generation System (NGS) to release, redisclose, transfer, and/or receive my child's educational and health records, including immunization records and standardized test results, to/from other schools, educational agencies and other pertinent agencies. I know that my child's records will be available for me to see and obtain if I so desire. In order to potentially qualify for more education, health or social services, I further consent that student/family information, otherwise confidential under the provisions of FERPA, may be shared or redisclosed to organizations that provide services under the aegis of the following: projects of the ISBE MEP, Illinois Migrant Council (IMC), College Assistance Migrant Program (CAMP), High School Equivalency Program (HEP), Community Health Partnership of Illinois (CHP), Migrant Seasonal Head Start (MSHS), and child nutrition programs.

 Signature Relationship to the Child(ren) Date (MM/DD/YY)

G. ELIGIBILITY DATA 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 and implementing regulations, and thus eligible as such for 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 Recruiter ID Date (mm/dd/yy) Signature of Designated SEA Reviewer Date (mm/dd/yy)

 Signature of LEA Reviewer Date (mm/dd/yy)

H. CHILD'S ETHNICITY/RACE

CHILD'S NAME (First and Last)	ETHNICITY 1- Hispanic/Latino (Y/N)		RACE (Check one or more, regardless of ethnicity status selected.)				
			1-American Indian or Alaska Native	2- Asian	3- Black or African American	4- Native Hawaiian or Other Pacific Islander	5-White
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. CONTINUED RESIDENCY VERIFICATION (September 1 - August 31)

School Year	Residency Verification Date	Person Interviewed	Relationship	Source of Verification	Signature of Person Verifying	Date (MM/DD/YY)