



Brownsville Independent School District
Migrant Education Program

20__ - 20__

**DOCUMENTATION LOG – Elementary Campus
 Supplemental Support Items Distributed to Migrant Students**

CAMPUS: _____ PO# _____ Vendor: _____

Note: One form per student. Items are distributed on as needed basis, only.

<i>Student's Name</i>		<i>Student BISD ID #</i>	
<i>USID # (Migrant Number) Found on NGS Campus Report or PFS Reports (sent monthly)</i>		<i>Is student Priority For Service? (PFS)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Grade Level (check one)</i>	<input type="checkbox"/> EE <input type="checkbox"/> PK <input type="checkbox"/> K <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	<i>Verify status w/ NGS PFS Monthly Report</i>	
<i>Homeroom Teacher's Name</i>			
<i>Give name of person initiating this requests and briefly explain why this migrant student is being provided with this supplemental support</i>	Name of person making request:		
	Relationship to student:		
	Explanation:		
<i>List of Items Being Distributed</i>			
<i>(2nd – 5th grade) Student's Signature, only</i>			
<i>(PK- 1st) Student's Signature, & Teacher's Signature</i>	Student	Teacher	
<i>If Parent is receiving the items, provide Parent's Name and Signature</i>	Name	Signature	
<i>Date of Distribution</i>			

Printed Name of Campus Personnel Responsible for Distribution: _____

Campus Assignment: _____

White copy: **Send to MEP Office** Attention: Linda Montero.

Yellow copy: Campus Copy – attach all applicable distribution forms to copy of the Purchase Order and keep on file for 7 years.

The distribution will be documented on New Generation System (NGS) as required by the grant.