

New COE# _____

For Office Use ONLY Registration Date: _____

**Eligible students may receive assistance with class fees!
See the Migrant Program before going to the Bookstore for more details!!!**

Migrant Education Program – Yuma Union High School District # 70

CHS GRHS KHS SLHS VHS YHS SHS OSY Private/Charter School _____
(please circle one)

Student's Name: _____ School ID: _____ Grade: _____

Date of Birth: _____ Gender (M/F): _____

Parents' Full Names: _____

Mother's Email: _____ Father's Email: _____

Please answer the following questions. If you do not work in agriculture, only answer question #1 and sign at the bottom.

1. Since 2023, have you and your family moved to work or have sought work in agriculture? Yes No

2. Has worker actively sought new qualifying work, soon after the move: Yes No

(If worker did not *engage* in qualifying work within 60 days of move, then both criteria below **MUST** be met)

Date when qualifying work was sought: _____

How work was actively sought: _____

Company contact information (name, address and phone number) / Supervisor name were work was sought: _____

AND

Does worker have history of moves (at least two moves must be within 36 months of recruiter's interview and worker must have *engaged* in qualifying work)

Move #1: Move Date: _____ From: _____ To: _____ Qualifying Work: _____

Move #2: Move Date: _____ From: _____ To: _____ Qualifying Work: _____

Date worker engaged agricultural work: _____

3. Student qualifying moves: () with the worker OR () to join or precede the worker

Student move dates: Location _____ Date left: _____ Date Returned _____

Was move from one district to another: Yes No

Was move due to economic necessity: Yes No

Did move occur in the past 36 months as a migratory agriculture worker OR did so with, to join/precede a parent/guardian or spouse who is a migratory agriculture worker. Yes No

Child's QAD for eligibility (date when family is united) : _____

4. Please list all family members, ages 5-21 years old, include their dates of birth:

Please sign the bottom of this form and return during registration. If you have any questions, please call the Migrant Program (928) 502-4657. Thank you for your cooperation.

Parent/Guardian Signature _____ Physical Address _____ Mother's Telephone & Father's Telephone _____

What additional services would you like for your student to receive? _____

• **inform parent of possible re-interview by the state (conducted within 3-4 months of COE approval)**

Notes (for office use only): _____