

CERTIFICATE OF ELIGIBILITY

SCHOOL YEAR: 2024-2025

ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT

SCHOOL DISTRICT NAME: _____

COE ID#: _____

RESIDENCY DATE: _____

CHILD DATA

Student ID	Last Name	Last Name 2	First Name	Middle Name	SUF	Birth Date	Sex	MB	EB	VER	School Name	Enroll Date	GR

FAMILY DATA

Parent/Guardian 1 Name: _____ Telephone: _____ Email: _____

Parent/Guardian 2 Name: _____ Telephone: _____ Email: _____

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

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

QUALIFYING MOVES & WORK SECTION

- The child(ren) listed on this form moved due to economic necessity from a residence in _____ / _____ / _____ to a residence in _____ / _____ / _____.
- The child(ren) moved (complete both a. and b.):
 - as the worker, OR with the worker, OR to join or precede the worker.
 - The worker, _____, is the child, OR child(ren)'s parent/guardian spouse.
 - (Complete if "to join or precede" is checked in #2a.) The child(ren) moved on _____. The worker moved on _____. (provide comment)
- The worker moved due to economic necessity on _____, from a residence in _____ / _____ / _____ to a residence in _____ / _____ / _____, and:
 - engaged in qualifying work soon after the move (provide comment if worker engaged more than 60 days after the move); OR
 - actively sought new qualifying work AND has a recent history of moves for qualifying work (provide comment)
- The qualifying work, * _____, was (make a selection in both a. and b.):

<ol style="list-style-type: none"> <input type="checkbox"/> seasonal OR <input type="checkbox"/> temporary employment <input type="checkbox"/> agricultural OR <input type="checkbox"/> fishing work 	*If applicable, check: <input type="checkbox"/> personal subsistence (provide comment)
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- (Complete if "temporary" is checked in #4a) The work was determined to be temporary employment based on:
 - worker's statement (provide comment), OR
 - employer's statement (provide comment), OR
 - State documentation for _____.
- The child(ren)'s Qualifying Arrival Date was _____.

COMMENTS Must include 2bi, 3a, 3b, 4, 5a, and 5b of the Qualifying Moves & Work Section, if applicable. Must include the Interviewee Signature Section, if applicable.

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 of Interviewee Printed Name

Relationship to the child(ren) Date

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 Printed Name Date

Signature of Designated SEA Reviewer Printed Name Date

ADDITIONAL QUALIFYING MOVES

The child(ren) listed above made additional qualifying moves as, with or to join a migratory agricultural worker or migratory fisher during the last year to establish a pattern of mobility. MM/DD/YY to MM/DD/YY = Nights

To _____ = _____

To _____ = _____

To _____ = _____

To _____ = _____

To _____ = _____

To _____ = _____