District Name: _____ Kentucky Migrant Program Certificate of Eligibility (COE) Enrollment Date (MM/DD/YYYY): _____

COE ID #: _____ Residency Date: _____

I. FAMILY DATA

1. Male Parent/Guardian (last name, first name, MI):	2. Female Parent/Guardian (last name, first name, MI):			
3. Current Address:	4. City	5. State	6. Zip	7. Telephone

II. CHILD DATA

1.Gr	2.Sch code	3. Last Name 1	4. Last Name 2	5. First Name	6. Middle Name	7. Suffix	8. Sex	9. Eth	10. Birth Date MM/DD/YYYY	11. Age	12. MB	13. Code	14. Birthplace City State Country	15. Student id

III. QUALIFYING MOVE & WORK

1. The child(ren) listed above moved 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. ☐ on own as 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 ☐ spouse ☐ guardian.

   i. (Complete if "to join or precede" is checked in 2a.) The worker moved on MM/DD/YYYY. The child(ren) moved on MM/DD/YYYY. (provide comment)

3. The Qualifying Arrival Date was MM/DD/YYYY.

4. The worker moved due to economic necessity in order to obtain:
   a. ☐ qualifying work, and obtained qualifying work, OR
   b. ☐ any work, and obtained qualifying work soon after the move, OR
   c. ☐ qualifying work specifically, but did not obtain the work. If the worker did not obtain the qualifying work:
      i. ☐ The worker has a prior history of moves to obtain qualifying work (provide comment), OR
      ii. ☐ There is other credible evidence that the worker actively sought qualifying work soon after the move (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

IV. COMMENTS (Must include 2bi, 4c, 5, 6a and 6b of the Qualifying Move & Work Section, if applicable.)

V. PARENT/GUARDIAN/SPOUSE/WORKER SIGNATURE

I understand the purpose of this form is to help the State determine if the child(ren)/youth listed above 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.

Check all that apply Yes / No

1. I give permission for my child(ren) to participate in the Title I Migrant Program ☐ ☐
2. I have been informed about FERPA. I authorize the school district to release, Transfer, And/or receive my child(ren)'s educational and health records with other districts, Educational agencies and pertinent agencies, including the ID&R office. ☐ ☐

_____ _____ _____

Signature Relationship to the child(ren) Date

VI. 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(2) 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 Date

_____ _____

Signature of Designated SEA Reviewer Date

VII. CONTINUED RESIDENCY VERIFICATION

1. Funding Year	2. Parent/Guardian or Person Interviewed	3. Relationship	4. Date	5. Migrant Program Representative	6. Date