

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)

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

