

SECONDARY STUDENT RECORD ILLINOIS MIGRANT EDUCATION PROGRAM

Student Last Name	First Name	M.I.	NGS Number	Grade	Date of Birth
Illinois (MEP) School and Address			Home School and Address		
Contact Person			Contact Person		
Phone Number ()	Fax Number ()		Phone Number ()	Fax Number ()	
Date Enrolled	Date Withdrawn		School Granting Credit		
<u>COURSE TITLE</u>	<u>PARTIAL WORK</u>		<u>SEMESTER CREDIT</u>		<u>DATE COMPLETED OR WITHDRAWN</u>
	Grade (%)	Equivalent Clock Hours	Final Grade	# Credit(s)	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<u>COMMENTS</u>					
<p>For further information please contact: Brenda Pessin, Director Migrant Education Services Illinois Migrant Council 118 S Clinton Street, Suite 500 Chicago, IL 60661 (312) 663-1522 ext. 233 (Phone) (312) 663-1994 (Fax)</p>					
_____			_____		
Signature			Date		