

THE TITLE I MIGRANT EDUCATION PROGRAM

STUDENT NAME: _____ SCHOOL _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____
(P.O. /Street Address City State Zip)

PHONE: _____
(Home/Message)

Dear Parents/Legal Guardians:

The Eastmont School District Title I Migrant Education Program is designed to help children whose parents have moved in the past three years seeking temporary or seasonal work in agriculture, horticulture or commercial fishing.

We would appreciate your cooperation in answering the following questions:

1. Have you moved within the past three years? YES _____ NO _____

2. What was the purpose of the move? _____

3. The following benefits may be made available to eligible children. An interview with you must be scheduled to discuss the following:

1. 24 hour accident insurance - including a life insurance policy.
2. Educational tutoring
3. Health care checkups and health records for school aged children
4. Transfer of academic and health records to facilitate moves between schools when necessary

May we contact you for further information? YES _____ NO _____

During work hours (specify) _____

After 5 p.m. (specify) _____

If you have any questions regarding our program, please do not hesitate to call Brad Doyel, Special Programs Director at 884-6852.

Thank You!