



**COLORADO DEPARTMENT OF EDUCATION/MIGRANT EDUCATION PROGRAM
CERTIFICATE OF ELIGIBILITY (COE)**

VII. ADDITIONAL SCHOOL DATA

Family ID#	Academic School Year /	HL. <input type="checkbox"/> Yes <input type="checkbox"/> No HL Code: _____	Physical Address, City, State & ZIP <i>(Only if different from mailing address)</i>
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NO	Last Name (Last Name 1, Paternal/ Last Name 2, Maternal)	First Name	Middle Name	Student ID Numbers	RACE CODE	AGE
1				SASID NGS		
2				SASID NGS		
3				SASID NGS		
4				SASID NGS		
5				SASID NGS		
6				SASID NGS		

VIII. ADDITIONAL COMMENTS

TEMPORARY MOVE

Was the move intended to be temporary? Please explain.

ECONOMIC NECESISITY

Is the work important to your household? Please explain.

IX. Family Educational Rights and Privacy Act (FERPA)

The rules for migrant eligibility, services, student record transfer, and the Family Educational Rights and Privacy Act (FERPA) have been explained to me. I hereby authorize this school district and the State Educational Agency to release, transfer and/or receive my child's education and health records, including immunization records and standardized test results to/from other school districts, educational agencies and other pertinent agencies. In order to potentially qualify for more educational, health, or social services, I further consent that student/family information, otherwise confidential under the provisions of FERPA, may be shared with organization that provide services under the aegis of the following: the projects of the State Migrant Education Program (MEP), the College Assistance Migrant Program (CAMP), the High school Equivalency Program (HEP), the Migrant Education Even Start Program (MEES), and child nutrition programs.

Las reglas para la elegibilidad migratoria, los servicios, la transferencia del registro del estudiante y la Ley de Privacidad y Derechos Educativos de la Familia (FERPA) me han sido explicados. Autorizo a este distrito escolar y a la Agencia Educativa del Estado a dar, transferir y/o recibir los documentos de la educación y salud de mi hijo/a, incluyendo su cartilla de vacunación y los resultados de las evaluaciones estándares, / otros distritos escolares, a agencias educativas y otras agencias pertinentes. Para potencialmente calificar para más servicios de educativos, de salud y sociales, yo consiento que la información del estudiante/o familiar, sea tratada de forma confidencial bajo las provisiones de FERPA y pueda ser compartida con las organizaciones que proporcionan servicios bajo lo siguiente: los proyectos del Programa de Educación Migrante (MEP), el Programa de Asistencia Universitaria del Programa Migrante (CAMP), el Programa de Equivalencia de Escuela Superior (HEP), el Programa Even Start de Educación Migrante (MEES) y de los programas de nutrición del niño.

Print Name of Parent/Guardian: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____