

IOWA MEP PARENT FORM

School District:	Date completed:	
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The answers to this form will help determine if your child (ren) is eligible to receive supplemental services

Name of Parent(s) or I	Legal Guardian(s):		
Current Street Addres	s:	Apt #:	
City: State:	Zip Code:	Phone Number:	
Best Time to be Conta	acted:		
1. Have both parents I YES NC		y for the past 3 years or more?	
2. If YES you may stop	p filling out the form, if NO pl	ease continue to question 3.	
3. Please select any o	f the following jobs that the f	amily have done in the last 3 years?	
Feeding, Taking ca Planting/ Detassel Pork, Chicken, Eg Preparing farm fiel	anto, Smithfield, Seaboard, are of Cows, Goats (Dairy Fa ing- Corn, Soybeans (Monsa g, Turkey Farms (Daybreak, ds work activity/Company	arm), Milking anto,Syngenta, Stine) Rembrand)	
4. Name of student(s)	Name of School Grade		
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Disclaimer at bottom of the form-

Please return this form to the school. Note for the school/district: When both "No" to #1 and one or more of the boxes from #3 is/are checked, please give this form to the migrant liaison to scan and email to alex.johnson@iowa.gov. Please file original in student's records. For additional questions regarding this form, please contact Geri McMahon at 515-2813944 (geri.mcmahon@iowa.gov)