

HOUSTON INDEPENDENT SCHOOL DISTRICT
Migrant Education Program
Title I, Part C
Referral Form

School personnel should call the Migrant Education Program at 713-556-7288 or fax this form to 713-556-6980 to refer possible migrant children that were missed during the school's enrollment process.

Possible Migrant Family: _____
(Father/Guardian: Last Name, First Name) (Mother /Guardian: Last Name, First Name)

(Address) (Telephone)

CHILD 1: _____ **CHILD 2:** _____ **CHILD 3:** _____
Grade: _____ Grade: _____ Grade: _____
ID#: _____ ID#: _____ ID#: _____
Enrollment Date: _____ Enrollment Date: _____ Enrollment Date: _____

CHILD 4: _____ **CHILD 5:** _____ **CHILD 6:** _____
ID#: _____ ID#: _____ ID#: _____
Grade: _____ Grade: _____ Grade: _____
Enrollment Date: _____ Enrollment Date: _____ Enrollment Date: _____

From: _____
(Name) (School) (Position) (Date)

TO: Migrant Education Program
Multilingual Department
4400 West 18th Street
Houston, TX 77092
Telephone: 713-556-7288 Fax: 713-556-6980

For Migrant Office Use:

The parents or guardians of the above-named student(s) have been interviewed by a Migrant Recruitment Specialist.

Please be advised that according to Federal guidelines, the results of the interview are:

- _____ The Family is **ELIGIBLE** for Migrant Program Services.
_____ The Family is **INELIGIBLE** for Migrant Program Services.

Recruitment Specialist Signature