

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
TITLE I, MIGRANT & SPECIAL PROGRAMS

**Migrant Education
 Identification & Recruitment Referral Form**

Community/School

Community / School Referral

Name of Company/ Organization/ School: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Contact Name: _____

Phone #: _____

Email: _____

Parent Eligibility Survey *(For completion by parent or guardian)*

Parent /Guardian

- | | | |
|----------------------------------------------------------------------------|-----|----|
| 1. Have you or anyone you know done agricultural work in the last 3 years? | Yes | No |
| 2. Do you have children under the age of 22? | Yes | No |
| 3. Have your children attended school in another county or state recently? | Yes | No |
| 4. Have you lived outside of Broward County? | Yes | No |
| 5. Are you or your spouse younger than 22? | Yes | No |

Name: _____ Phone #: _____

Email: _____

Child's Name: _____ School: _____ Grade: _____

Referred by: _____ Date: _____

Please submit completed forms to the Title I, Migrant and Special Programs Department attention Annette Torry via email to: annette.torry@browardschools.com

FOR OFFICE USE ONLY:
 Follow up call/ visit date: _____
 Comments: _____

 Eligibility for Service: YES NO
 Interviewer: _____ Date: _____