

# Migrant Education Program Preliminary Form

280 Pennock's Bridge Rd.

West Grove, PA. 19390

Please fax to (610) 345-1834 or e-mail to [timh@cciu.org](mailto:timh@cciu.org)



We would like to know if you or your children may be eligible to participate in the **Migrant Education Program**. The Migrant Education Program is federally-funded and provides **free** supplemental **educational services** for the children of agricultural workers. Some of our services may include:

## **Free/reduced-cost lunch, after-school tutoring, home visits, school-readiness programs and a six-week summer school**

Please answer the following questions and return it to this office. If you have any questions you may call the Migrant Education Program office at 610-345-1824.

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone number \_\_\_\_\_

1. Have you or your family moved in the last 3 years?

Yes \_\_\_\_ Which family members? \_\_\_\_\_ No \_\_\_\_

Where did you live before? Address: \_\_\_\_\_

2. Where have you or your spouse applied for employment? Please list

_____	_____
_____	_____
_____	_____

3. Who in your household is under the age of 22?

_____	_____
_____	_____
_____	_____

Thank you for your time!