

## Certificate of Eligibility (COE)

COE Record Number: \_\_\_\_\_

### I. FAMILY DATA

Current Male Parent (Last name, First): \_\_\_\_\_ - \_\_\_\_\_  
 Parent type: • Birth • Adoptive • Legal Guardian • Guardian (in loco parentis) • Undisclosed  
 Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Homebase Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Homebase District: \_\_\_\_\_

Current Female Parent (Last name, First): \_\_\_\_\_ - \_\_\_\_\_  
 Parent type: • Birth • Adoptive • Legal Guardian • Guardian (in loco parentis) • Undisclosed

### II. CHILD/SCHOOL DATA

The children listed below arrived in the present school district, \_\_\_\_\_, on \_\_\_\_\_ from \_\_\_\_\_.  

Name of School District
Residency Date (Month, Day, Year)
School District, City, State, Country

Last Name	Last Name	Suffix	First Name	Middle Name	Gender	Ethnicity	Birth Date	Verification	Birthplace	School	Grade	Education Interruption	Enrollment Date	State ID No.	MSIX ID No.

### III. ELIGIBILITY DATA

The child(ren) listed above made a qualifying move from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_.  

School District/City/State/Country
School District/City/State
Qualifying Arrival Date (Month, Day, Year)

The child(ren) moved • on own (as a worker), or • with • to join (the worker): \_\_\_\_\_ who is the • parent • spouse • other family member: \_\_\_\_\_.  

(mark one)
First and Last Name of Worker
(mark one)
Relationship (if other family member)

This worker moved in order to • obtain • seek | • temporary • seasonal employment | in • agricultural • fishing work \_\_\_\_\_. (If the move was made in order to obtain "temporary" employment  

(mark one)
(mark one)
(mark one)
Describe Agricultural or Fishing Work

explain how that determination was made in the comment section below.) The qualifying employment plays an important part in providing a living for the worker and his/her family because: \_\_\_\_\_

Comments: • Additional comments attached.

IV. PARENT/GUARDIAN/WORKER SIGNATURE	V. ELIGIBILITY DATA CERTIFICATION
--------------------------------------	-----------------------------------

The purpose of this form is to help the State of \_\_\_\_\_ determine if the children/youth listed above are eligible for the Title I Migrant Education Program. I have provided the information recorded above. To the best of my knowledge all of the above information is true.

\_\_\_\_\_  

Signature
Relationship
Date (Month, Day, Year)

I certify that these students are eligible for MEP services based on the information provided by the parent/guardian/worker identified in the box to the left. I hereby certify that, to the best of my knowledge, the information is true, reliable, and valid. Any false statement provided herein is subject to fine or imprisonment pursuant to 18 U.S.C. 1001.

\_\_\_\_\_  

Signature of Interviewer
Date (Month, Day, Year)

\_\_\_\_\_  

Signature of Designated SEA Reviewer
Date (Month, Day, Year)