



Migrant Education Program
2023-2024 Pre-Enrollment Form

KIBSD Federal Programs Office
722 Mill Bay Road | Kodiak, AK 99615

Please return this form to your child's school, email federalprograms@kibsd.org, or mail this form to the address listed above. If you have any questions, please call 907-486-7596 to reach the Federal Programs office. All information provided is confidential and used only for the Migrant Education Program. If the information you have provided meets state guidelines, you will be contacted for a screening interview.

Fill in all the following information and answer questions 1, 2, & 3 for each child:						In the last 3 years, did the child listed: (if yes mark with an X)		
Child full name	DOB	School	Ethnicity	Grade	Gender	Participate in a migrant activity?	Travel at least 20 miles away for the activity?	Go on trips for 8 days/7 nights total?

Specific Information and Requirements:

Each Requirement has additional guidelines that must be met to qualify. Eligibility is determined by the State of Alaska.

1) Migrant Activity- Did this child travel to participate and/or look for Migrant Activity? Migrant activity includes:

- Commercial: working on a boat or at a camp for commercial purposes (to sell your catch)
- Subsistence: gathering food (fish, crab, berries) for personal use by cam, pole fishing, gill netting or pot fishing.
- Fish Processing: Cannery Work

2) Travel- Child must have traveled a minimum of 20 miles one way. Road, water and/or air miles are counted.

3) Trips- Only trips away from home that lasted a minimum of 1 night and 2 days can be counted. Multiple trips can be combined but must total at minimum of 7 nights/8 days in a 12-month period within the last 3 years.

Complete this section to the best of your knowledge about the activity and trips your child(ren) participated in.

Trip #	Locations traveled to for the activity	Date departed	Date returned	Describe Migrant Activity:(ie gillnet, pole for salmon, pole for halibut etc.)
Trip 1				
Trip 2				
Trip 3				
Trip 4				
Trip 5				
Trip 6				
Trip 7				

Parent/Guardian Information (only for parents/guardians that live in the household with listed children)

Parent/Guardian:		Parent/Guardian:	
Physical Address:		Mailing Address:	
City, State, Zip:		City, State, Zip	
Phone:		Other phone:	

Parent/Guardian Signature: _____

Date: _____

Best time to contact you during the day: Morning Afternoon

Comments: _____