



# 2025-2026 Migrant Education Program Pre-Enrollment / Application Form

KIBSD Federal Programs Office  
722 Mill Bay Road, F144 | Kodiak, AK 99615

**Email the completed form to : [federalprograms@kibsd.org](mailto:federalprograms@kibsd.org)**

Please call us at 907-486-7596 for any questions and concerns.  
Expect a follow-up call for an interview to obtain additional state required information.  
All information provided is confidential and used only for the Migrant Education Program.

### 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 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 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.

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's full name (First Name, MI, Last 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?

### 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's Name:		Parent/Guardian's Name:	
Physical Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email:		Email:	
Parent Signature:		Date:	

Please expect a follow-up call for an interview from the KIBSD Federal Programs staff to obtain additional state required information.

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