

September 8, 2023

Parent Form

School District:			Date completed:	
			, depending on the answers t	to this form.
General Informat	ion			
Name of Parent(s) or Gu	ardian(s):			
Current Street Address:		Apt #:		
City:	State:	Zip Code:	Phone Number:	
Best time to be contacted	d:			
		ontinuously for the pa m. If <u>NO</u> , please cont	ast 3 years or longer? YES tinue.	S NO
Feeding, milking, Planting or detas Hog farms, chicke Preparing farm fie	ssing, meat locker taking care of co seling corn, soybe en farms, eggs, o elds	r (beef, poultry, pork) wws or goats (dairy far eans, fruits, vegetable	Tyson, JBS, Monsanto, Smit rms) es, nurseries, or greenhouses	
Children's Information				
Name of Child		Name of School	ol	Grade

Please return this form to the school.

ATTN: School district migratory liaison, please scan and email completed forms to alex.johnson@iowa.gov before filing the original copy in the student's records. Please contact Rachel Pettigrew, Migratory Education Program Consultant, with any questions regarding this form: rachel.pettigrew@iowa.gov or 515-380-5115.

