

# DATA INPUT FORM

Enrollment Type: \_\_\_\_\_ School Year: \_\_\_\_\_

School Name \_\_\_\_\_ School ID: \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ MIS2000 Number \_\_\_\_\_ AzEDS Number \_\_\_\_\_ Enrollment Date \_\_\_\_\_

\_\_\_\_\_ Child's Birth Date \_\_\_\_\_ Mother's Name \_\_\_\_\_

SP Codes	Start Date	Migrant Funded	Title I Funded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Days Enrolled \_\_\_\_\_ Days Present \_\_\_\_\_

**SERVICES THAT MY CHILD RECEIVED FROM THE MIGRANT PROGRAM**

**Clothing** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Food Assistance** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Glasses** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**School Supplies** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Tutoring** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Transportation** ☐ **Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Other** ☐ \_\_\_\_\_  
**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Other** ☐ \_\_\_\_\_  
**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Other** ☐ \_\_\_\_\_  
**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_