2024-2025

Participation/Non-Participation Form

English/Spanish

(Please check one/Por favor marque una)

☐ I **would** like my child to participate in the Migrant Home Education program.
Me **gustaría** que mi hijo(a) participe en el programa de Migrant Home Education.

*** _____ **Date Services Will Begin**/ Fecha que comenzará servicios

☐ I would **not** like my child to participate in the Migrant Home Education program. *
No me gustaría que mi hijo(a) participe en el programa de Migrant Home Education. *

My child attends or receives services from/ Mi hijo(a) asiste o recibe servicios en _____ Date _____
(Head Start, Public Preschool, etc and provide the date of enrollment.)

**** If non-participation is indicated please provide a brief explanation as to why the service was refused in the space below.***

Parent's Name/ Nombre del Padre _____

Child's Name/ Nombre del Niño(a) _____

NGS N umber: _____

Child's Date of Birth/ Fecha de Nacimiento del Niño(a) _____

Child's Grade Level - P3 ____ P4 ____ P5 ____ PK ____

Address/Dirección_____City_____State___Zip Code_____

Phone/Teléfono _____

Parent's Signature _____ **Date** _____
Firma del Padre **Fecha**

District Representative _____ **Date** _____

When a family has withdrawn, write the withdrawal date below and send a copy to your NGS Specialist **ASAP!**

Withdrawal Date: _____

Reason for early withdrawal: _____