SBOE #

TEXAS MIGRANT EDUCATION PROGRAM
NOMINATION FORM FOR MEMBERSHIP TO:
STATE PARENT ADVISORY COUNCIL FOR MIGRANT EDUCATION

I. CANDIDATE INFORMATION

1. Name: _____

2. Address: _____ City: _____ Zip Code:_____

3. Telephone ñ Home: (___)_____Work: (___)_____ext._____

4. Educational Background: _____

5. Work and/or civic experience relating to service on this advisory group: _____
_____
_____

II. EMPLOYER

6. Name: _____

7. Address: _____ City:_____ Zip Code:_____

8. Telephone: (___)_____

III. SCHOOL DISTRICT INFORMATION

9. Name of School District:_____ MEP Contact:_____

10. Address:_____ City:_____ Zip Code:_____

11. Telephone: (___)_____Fax: (___)_____

12. *Nominee's # of Children Enrolled in: PK: _____ K-6: _____ JH: _____ HS: _____

IV. SUPERINTENDENT'S PRINTED NAME AND SIGNATURE**

_____/_____

(SEE NEXT PAGE FOR INSTRUCTIONS)

INSTRUCTIONS

Enter State Board of Education Number (SBOE #) on upper right corner. (optional)

General Instructions:

Sections I-III:

Complete EACH blank with information indicated. For those items which are not clear, a short explanation follows.

In Items Number:

5. Please explain any type of experience the nominee may have that will be helpful in fulfilling this position i.e., volunteer work or other council/civic experience.
(Additional pages may be included with nomination form.)

9-11. Enter the name, address, phone and fax information of the school district in which the nominee's children are enrolled.
Enter the name of a Migrant Program (MEP) contact person.

12. List the number of nominee's children enrolled in each grade level.

**For school district or ESC personnel nominations, disregard item #12.*

Section IV:

The superintendent's printed name and signature is required to be entered on the last item.

(**Obtain Executive Director name and signature for ESC nominations.)

If further explanation is needed, contact the Division of NCLB Program Coordination at (512) 463-9374.
Fax: (512) 305-9447.

FOR EACH PARENT NOMINATION, PLEASE INCLUDE WITH APPLICATION A COPY OF THE MOST CURRENT COE AND COE SUPPLEMENTAL FORM.

Mail completed nomination form (original superintendent signature) and supporting documentation to:

Texas Education Agency

Division of NCLB Program Coordination ñ Migrant Education Program

1701 North Congress Avenue

Austin, Texas 78701