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: (___) _______


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 ã Migrant Education Program
1701 North Congress Avenue
Austin, Texas 78701