



Vermont Migrant Education Program *Identification and Recruitment*

Referral Form

617 Comstock Road, Ste, #5
Berlin, Vermont 05602-9194

Tel. 802-223-2389, ext. 20
Fax 802-223-6500

Please complete and return to the address listed above.

Date completed _____

Referred by _____ School/Agency _____

Parent/Guardian Name(s) _____

Address _____ State _____ Zip Code _____

Home Telephone _____ Message Phone _____

Please list all children ages 0 to 22:

Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:
Child:	Grade:	School:

Please list all information that would help determine eligibility:

12/03