



SBOE # \_\_\_\_\_

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**TEXAS MIGRANT EDUCATION PROGRAM  
NOMINATION FORM FOR MEMBERSHIP TO:  
STATE PARENT ADVISORY COUNCIL (PAC) FOR MIGRANT EDUCATION**

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**Purpose:** The purpose of this advisory council is to gain the valuable thoughts, opinions and experience of migrant parents to inform planning and development of the Migrant Education Program. The input is essential to assisting the Texas Education Agency with fulfilling our duties to the state's migrant students. The information and experiences provided will help us improve our understanding of the needs and challenges facing migrant students today, as well as help TEA identify innovative solutions and effective practices that lead to improved student outcomes.

**I. CANDIDATE INFORMATION**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone – 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 AND DATE**

(The ESC Executive Director's signature is only needed for ESC personnel nominations.)

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PRINT NAME / SIGNATURE / DATE

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## INSTRUCTIONS

Please leave the State Board of Education Number (SBOE #) in the upper right corner **blank**. The State MEP will complete this section.

### **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 Education 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 are required to be entered on the last item. (Obtain Executive Director's name and signature for ESC personnel nominations.)

If further explanation is needed, please contact the Texas Migrant Education Program at (512) 936-2235 or [migrant.ed@tea.texas.gov](mailto:migrant.ed@tea.texas.gov).

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

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Email the completed nomination form and supporting documentation to:

Texas Education Agency

Federal Program Compliance Division - MEP

Email to: [migrant.ed@tea.texas.gov](mailto:migrant.ed@tea.texas.gov)

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