



2018 TEXAS MIGRANT STUDENTS ENROLLED IN SUMMER PROGRAMS

State: _____

Site Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

E-mail Address _____

*Please submit the names of the **Texas** migrant students serviced by your program. Add additional lines as needed.*

Student Last Name, First Name (No Nicknames)	DOB	MSIX # (if available)	NGS # (if available)	Grade Level	Course (s) Taken	Sem. 1 or 2 Average Credit <u>or</u> Incomplete
Sample: Ramirez, Yesenia	05/04/1998	N/A	MA712345678	10	English I	2nd Sem. 87 Avg. .5 Credit

Please eFax or e-mail information to our office when the summer program(s) terminate. A follow up e-mail will be sent to all State Directors in July.

Texas Migrant Interstate Program 1-800-292-7006

eFax: (956) 354-3062

E-mail: tmip@sbcglobal.net

www.psjaisd.us/tmip