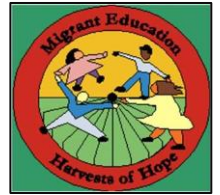


# Oklahoma Migrant Education Program

## State Migrant Parent Advisory Council

### Nomination Form



*This form is to be completed by the local recruiter in the presence of the candidate.*

#### Candidate Information

Name:

Related Certificate of Eligibility Number (if applicable):

Telephone Number (Primary):  
(Secondary ):

E-Mail Address (if available):

Days Available (Weekday or Weekend):

#### School Information Where Candidate Resides

School District:

Contact Person:

Telephone Number:

Fax Number:

E-mail Address (if available):

#### Details

Candidate's Education Background:

Candidate's Migrant Experience (if any):

Candidate's Leadership Experience (if any):

In what ways would the candidate like to assist the Migrant Program:

#### Certifications

*By signing this form, you confirm that you have discussed the responsibilities of the position with the candidate and that the candidate is willing to pursue related duties to the best of his or her ability.*

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Recruiter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date