



COE: _____

Please mark all the nights you spent away from home on the calendar including the day you left and the day you returned.

To submit to Migrant Education Program:

- Email a picture of your calendar to migrant_office@asdk12.org
- Or, print and mail to:

Migrant Education
5530 East Northern Lights Blvd.,
Anchorage, AK 99504

Questions? Call 907-742-4275

Parent/Guardian Information

Name: _____

Phone Number: _____

Email: _____

Student Information (Please list ALL STUDENTS)

Name: _____

Name: _____

Name: _____

Name: _____

MAY 2024						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Location: _____

AUGUST 2024						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Location: _____

JUNE 2024						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Location: _____

SEPTEMBER 2024						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Location: _____

JULY 2024						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Location: _____

Economic Statement:

