

COE:

Please mark ALL the nights you spent away from home for qualifying fishing or agricultural activities, including the day you left home and the day you returned. Please also indicate location of each trip, gear used, and species you fished for (or type of berries/plants you picked).

Parent/Guardian Information

Address:

Phone Number:

Email: _____

Location/Activity:

Student Information (Please list ALL STUDENTS)

То	submit to	Migrant	Education	Program:
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- 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						Nar	ne:_							
	MAY 2025							Nar	ne:_						
s M T W TH F S Location/Activity:				Name:											
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25	26	27	28	29	30	31		-	AUGUST 2025						
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SEPTEMBER 2025

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Location/Activity:

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JULY 2025

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