Kentucky Migrant Education Program MSIX Data Review Completed Letter

Dear	:			
This letter is to notif	y you that we have	reviewed your reque	st to make correction	s to the MSIX account listed below
Student's Name	MSIX #	STATE ID #	Phone #	Address
After reviewing your	request, we have dee	cided:		
To make changes		No changes were needed		

Category of Corrections Reviewed: (Circle or Highlight all that apply)

Demographics	Qualification Moves	Enrollments	Course History
First Name	Qualifying Arrival Date	Designated Graduation	State
Last Name	Qualifying Move From State	District of Residence	Begin Academic Year
Middle Name	Qualifying Move to State	Residency Date	End Academic Year
Date of Birth	Other	Grade	Course Title
Male Parent's Name		Enrollment Date	Subject Area Name
Female Parent's Name		Enrollment Type	Course Type
Birth Location		MEP Project Type	Term Type
Gender		School/Project Name	Final Grade
School Enrollments		School/Facility Name	Credits Granted
Course History		Enrollment District	Grade to Date
Other		Home School	Course Section
		LEP Indicator	Other
		IEP Indicator	
		PFS Indicator	
		Immunization	
		MED Alert	
		Other	

Corrections	Corrections and Updates Reviewed	Comments and reason for correction
1		
2		
3		
4		

Thank you for bringing our attention to the above discrepancies. All updates and corrections were made on the date listed below. If you have any questions, please do not hesitate to call our office.

Month	Day	Year

Sincerely,

Your name here District or region name here Contact address

Contact phone number