

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

School District:	ompleted:						
Parent Occupational Survey Please complete this form to determine if your child(ren) qualify to receive additional services under Title I, Part C							
Has your family moved in order to work i	n another city, county, o	or state, in the last three (3)	years? □ Yes □ No				
If so, what is the date your family arrived	in the city/town you res	side?					
Has anyone in your immediate family bee the last three (3) years? (Check all that ap		e following occupations, eith	ner full or part-time or temporarily during				
 □ 1) Agriculture; planting/picking vegeta □ 2) Planting, growing, or cutting trees (p □ 3) Processing/packing agricultural proc □ 4) Dairy/Poultry/Livestock □ 5) Meatpacking/Meat processing/Seafo □ 6) Fishing or fish farms □ 7) Other (Please specify occupation): 	oulpwood)/raking pine s lucts ood	straw					
Name of Student(s)	Na	ame of School	Grade				
Names of Parent(s) or Legal Guardian(s)							
Current Address:							
City: State:	Zip Code:	Phone:					
	Tha	nk You!					

Please return this form to the school

The answers to this survey will help determine if your child(ren) are eligible to receive supplemental services from the Title I, Part C Program.

Note for the school/district: When both "yes" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

> GaDOE Region 1 MEP, P.O. Box 780, 201 West Lee Street Brooklet, GA 30415 Toll Free (800) 621-5217 Fax (912) 842-5440 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637 Toll Free (866) 505-3182 Fax (229) 546-3251



Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

School District:		Date Completed:					
Encuesta Ocupacional para Padres Por favor llene este formulario para determinar si sus hijos califican para recibir servicios a través del Programa de Titulo I, Parte C							
¿Ustedes se han mo	ovido para trabajar en otra	ciudad, condado	, o estado, en los últimos	tres (3) años?	Sí □No		
Si su respuesta es "	Sí", ¿en qué fecha llegaro	n a la ciudad/pue	eblo donde viven actualme	ente?			
	iilia trabaja, ha trabajado, cho este tipo de trabajo en				idades en forma permanente		
 □ 2) Plantando o c □ 3) Procesando /e □ 4) Lechería o ga: □ 5) Empacadoras □ 6) Pescando o cr 	o procesadoras de carne/p	agujas de pino (p colas pollo o mariscos	ine straw)		is, arándanos, etc.		
Nombre de los Estu	ıdiantes		Nombre de la Escuela		Grado		
			-				
Nombre de los pada	res o guardianes legales:						
Dirección donde vi	ve:						
Ciudad:	Estado:	Código Pos	tal: Te	eléfono:			
		•	uchas Gracias!	ela			

Las respuestas a este formulario van a ayudar a determinar si sus hijos califican para recibir servicios a través del programa de Titulo I, Parte C.

Note for the school/district: When both (Yes) "Si" and one or more of the boxes from 1 to 7 is/are checked, please give this form to the migrant liaison or migrant contact for your school/district. Please file original in student's records. Non-funded (consortium) systems should fax occupational parent surveys to the regional MEP office serving their district. For additional questions regarding this form, please call the MEP office serving your district:

> GaDOE Region 1 MEP, P.0. Box 780, 201 West Lee Street Brooklet, GA 30415 Toll Free (800) 621-5217 Fax (912) 842-5440 GaDOE Region 2 MEP, 221 N. Robinson Street, Lenox, GA 31637 Toll Free (866) 505-3182 Fax (229) 546-3251