

Richard Woods, Georgia's School Superintendent

"Educating Georgia's Future"

School District:	Date Completed:	
Pare Please complete this form to determine if your	ent Occupational Survey child(ren) qualify to receive add Title I, Part C	itional services under
Has your family moved in order to work in another cit	y, county, or state, in the last three (3)	vears? T Vec. T No.
If so, what is the date your family arrived in the city/to	own you reside?	Series II Lez II Mû
Has anyone in your immediate family been involved in the last three (3) years? (Check all that apply)	one of the following occupations, eitl	her full or part-time or temporarily duri
 □ 1) Agriculture; planting/picking vegetables or fruits □ 2) Planting, growing, or cutting trees (pulpwood)/ral □ 3) Processing/packing agricultural products □ 4) Dairy/Poultry/Livestock □ 5) Meatpacking/Meat processing/Seafood □ 6) Fishing or fish farms □ 7) Other (Please specify occupation): 	ang pine staw	
Name of Student(s)	Name of School	Grade
Names of Parent(s) or Legal Guardian(s)		
Current Address:		
lity: State: Zip Code:	Phone:	
•	Thank 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