



P. O. Box 130  
Swainsboro, GA 30401  
478-237-6674  
478-419-1102 FAX

## Migrant Education Program Survey

\*Name of the School \_\_\_\_\_

\*Name of the Student \_\_\_\_\_

*Our school system is interested in providing assistance to all migrant students whose guardian or family has relocated to obtain temporary or seasonal employment in an agricultural or fishing activity.*

*Has your family relocated to obtain temporary or seasonal employment in the concerned areas? Please indicate below:*

\_\_\_\_\_ *NO - This service DOES NOT apply to my family. (If NO, please skip remaining questions & sign below)*

\_\_\_\_\_ *YES - This service DOES apply to my family. (If YES, please complete remaining questions & sign below)*

*If your family HAS relocated to obtain temporary or seasonal employment in the concerned areas, parent/guardian, please complete the survey below.*

Names of Parents or Legal Guardian(s) \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (Cell or Work) \_\_\_\_\_

Has your family lived in another county in the last three (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the date your family arrived in this county? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

\_\_\_\_\_ Agriculture, planting / picking tomatoes, squash, peppers, etc

\_\_\_\_\_ Planting, growing, or cutting trees (pulpwood)

\_\_\_\_\_ Processing / packing agricultural products

\_\_\_\_\_ Dairy, Poultry, or Livestock

\_\_\_\_\_ Meat packing / Poultry / Seafood

\_\_\_\_\_ Fishing or fish farms

\_\_\_\_\_ Other (Please specify occupation): \_\_\_\_\_

Name of current or most recent employer: \_\_\_\_\_

Current Address: Street \_\_\_\_\_ City \_\_\_\_\_

\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your participation!*

***School Official: Please send the original form to: Dr. Karen Ross, Migrant Coordinator***