

Work Survey

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name:	Date:
Address:	City:
Parent's Name:	Phone Number: ()
 How long have you lived in this city/school district? Within the last 3 years, has your child moved from on United States, with a parent, relative, or guardian so t temporary work in agriculture? YES NO 	e school district to another within the hat person could look for seasonal or
 Please check any of the agricultural activities listed be 	Year
Detassel corn Tobacco farm Poultry and/or egg farm	Sod farm Planting pruning or cutting trees Dairy farm Flora culture/gladiola farm Greenhouse or plant nursery
Please list the names of all of the children in the household	under 22 years of age.
Child's Name	Date of Birth (D.O.B.)
1.	
2.	
3.	
4.	
5.	