

School District:		Date:			
Parent Occupational Survey Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C. The completion of this form is optional.					
Name of Student(s)		Name of Sch	ool	Grade	
1. Has anyone in yo	our household moved in order	to work in another city, co		last three (3) years? Yes	□No
	our household been involved in rs?	1 one of the following occ	cupations, either full	or part-time or temporarily duri	ing the
☐ 1) Planting/Pio ☐ 2) Planting, gr. ☐ 3) Processing/☐ 4) Dairy/Poult ☐ 5) Packing/Pro ☐ 6) Commercia	es", check all that applies: cking vegetables (tomatoes, so owing, cutting, processing tree l'Packing agricultural products ry/Livestock ocessing meats (beef, poultry, I fishing or fish farms se specify occupation):	es (pulpwood), or raking posterior or seafood)	oine straw		
Names of Parent(s)	or Legal Guardian(s)				
Current Address:					
City:	State:	Zip Code:	Phone:		
	Thank	You! Please return this fo	orm to the school		
	ortal, occupational surveys to the Re	east one "yes" and one or more	aison or migrant contact for the boxes from 1 to 7 ram Office serving your di	for your school/district. is/are checked, districts should email, istrict. For additional questions regardi	
	egion 1 MEP, Rose McKeehan		GaD	OOE Region 2 MEP, Pearl Barker	
	Phone: 470-763-1137 :Keehan@doe.k12.ga.us			Phone: 470-763-1138 PBarker@doe.k12.ga.us	
Family Contacted/Attemp	ot Date: 1562 Twin Towers East • 2	205 Jesse Hill Jr. Drive •	Atlanta, GA 30334	Sent to Regional Office on:	_

