

School District:		Date:		
Parent Occupational Survey Please complete this form to determine if your child(ren) qualify to receive supplemental services unde Title I, Part C				
Name of Student(s)		Name of Scho	ool	Grade
1. Has anyone in y	our household moved in order	to work in another city, co	unty, or state, in the la	ast three (3) years? \square Yes \square No
	our household been involved it ars?	in one of the following occ	upations, either full or	part-time or temporarily during t
☐ 2) Planting, g ☐ 3) Processing ☐ 4) Dairy/Poul ☐ 5) Packing/Pr ☐ 6) Commercia	icking vegetables (tomatoes, s rowing, cutting, processing tre /Packing agricultural products try/Livestock rocessing meats (beef, poultry, al fishing or fish farms ase specify occupation):	ees (pulpwood), or raking p	ine straw	
Names of Parent(s)	or Legal Guardian(s)			
Current Address:				
City:	State:	Zip Code:	Phone:	
	Thank	You! Please return this fo	rm to the school	
	Portal, occupational surveys to the R	least one "yes" and one or more	ison or migrant contact for of the boxes from 1 to 7 is am Office serving your distr	your school/district. /are checked, districts should email, alwa rict. For additional questions regarding thi
	Region 1 MEP, Rose McKeehan		GaDO	E Region 2 MEP, Pearl Barker
	Phone: 470-763-1137 cKeehan@doe.k12.ga.us		<u> </u>	Phone: 470-763-1138 PBarker@doe.k12.ga.us
Family Contacted/Attem	pt Date: 1562 Twin Towers East •	205 Jesse Hill Jr. Drive • 7		ient to Regional Office on: www.gadoe.org

