

**MIGRANT EDUCATION PROGRAM**



Address  
City, State, Zip

Telephone Number      Fax Number      E-mail address

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Your child(ren) might be eligible for Migrant Education Program. You could receive referral services such as:

- **Referrals** to GED and ESL classes, adult education, food banks, clothing banks, low cost medical services and other community agencies.
- **Referrals** to family literacy programs.
- Assistance with summer school enrollment.
- Transfer of student records to and from Mexico through the Binational Program.
- Youth guidance and education support.

Please answer the following questions and have your son/daughter return this form to school as soon as possible. All information you give us is confidential. *Thank you.*

1. Has your family moved into your child(ren's) school district within the last 3 years?     YES     NO  
*If the answer is no, you are done with this survey. Just complete number 4.*
2. Have either parents/guardians looked for or gained employment in the following activities in the past 3 years? If yes, please mark the appropriate employment areas with an X.

Canning	Orchards
Christmas Tree Processing / Forestry	Planting / Harvesting Field Crops
Clean/Prepare/Pack Vegetables and/or Fruits	Poultry
Dairy	Sod Farms
Farming in the fields	Sort/Grade/Sack Vegetables and/or Fruits
Food Processing Plant	Loading and Unloading Vegetables and/or Fruits in the fields
Greenhouse / Nursery	Meat Packing Plant
Irrigation/Preparing fields for planting	None of the above

3. Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

4. Please list all children in your home from birth to 21 years:

First and last Name	Date of Birth	Age	Grade	School

**Schools please mail to: Migrant Education Program  
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