

REQUIRED FAMILY SURVEY

School Year _____	District Contact _____
School District _____ Campus _____	
(For Campus Use Only)	

To be sure that your school receives all the federal funds available to better serve your children, we need to identify those students who allow the district to qualify for these funds. Thank you for answering these questions.

1. During the last 3 years have you or your family gone from one school district or one city to another in search of work listed below in number 2 even for a short period of time? Yes___No___

2. During the last 3 years has anyone in your family held a seasonal/temporary job in one of the activities listed below? Yes___No___

- | | | |
|---|---|---|
| <input type="checkbox"/> Preparing the Soil | <input type="checkbox"/> Picking Fruits/Vegetables | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Driving Tractors,Machinery | <input type="checkbox"/> Packing Fruits/Vegetables | <input type="checkbox"/> Cleaning Dairy |
| <input type="checkbox"/> Clearing the Land | <input type="checkbox"/> Feeding/Caring for Livestock | <input type="checkbox"/> Milking Cows |
| <input type="checkbox"/> Building/Mending Fences | <input type="checkbox"/> Transporting Livestock | <input type="checkbox"/> Feeding Cows |
| <input type="checkbox"/> Irrigating | <input type="checkbox"/> Raising Chickens | <input type="checkbox"/> Poultry Production |
| <input type="checkbox"/> Planting/Weeding | <input type="checkbox"/> Feeding Chickens | <input type="checkbox"/> Processing Chickens |
| <input type="checkbox"/> Planting Trees | <input type="checkbox"/> Repairing/Cleaning Chicken Coops | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> Cutting Trees | <input type="checkbox"/> Gathering Eggs | <input type="checkbox"/> Cleaning Fish/Shrimp |
| <input type="checkbox"/> Combining/Harvesting Grain | <input type="checkbox"/> Plant Nursery | <input type="checkbox"/> Filleting Fish |
| <input type="checkbox"/> Planting Fruits/Vegetables | <input type="checkbox"/> Planting Flowers/Plants | |

Name of your Child/Children

Name: _____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____
_____	Age: _____	Grade: _____

Name of Father/Guardian _____	Mother _____
Address _____	City/Zip Code _____
Phone No. _____	
Father Employer _____	Mother Employer _____

Do you know anyone in this or another school district with children (0-21 years of age) who may be able to answer yes to any of the above questions? Yes___ No ___

Name and Phone Number _____

Staff Contact Person/Phone Number
Favor Véase Al Otro Lado Para Español

Parent Signature
(Revised March, 2004)

