Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential**. Please answer the following questions and return this form to your child's school.

Today's Date	**Parent/Guardian First & Last Name**

Student First Name	**Student Last Name**

School Name	**Student Grade**

1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?

☐   No

☐   Yes. **Check all that apply and list the total number of months worked:**

☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked:_____

☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked:_____

☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked:_____

☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked:_____

☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked:_____

☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked:_____

2. In the past three years, has your family moved to another state, city, school district, and/or county?

☐   No

☐   Yes. **How long have you resided are your current address?**

_____ Years   _____ Months   _____ Weeks

If you answered "Yes" to questions 1 and 2, please complete the information below.

Home Street Address	**Apt #**

City	**State**	**Zip Code**

Telephone Number	**Best Day of Week & Time of Day to Call**

For School Use Only: Please send survey with two **YES** responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

Student State ID:	**Enrollment Date:**	**District ID:**