Occupational Survey

Student Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
</table>

School: ____________________________ Grade: ________________

The Migrant Education Program, through the North Carolina Department of Public Instruction, provides support and instructional services to children and families who have moved in the past three years and who have done agriculture or fishing work. We appreciate your help in determining if your children or relatives qualify to receive services in this program. Please answer the following questions and return the survey to the school.

1. Have you or someone in your family worked in any of the following areas below in the last three years?
   No _______ Yes _______ (Select all that apply and continue to question number 2)

2. Have you or your family moved to another school district or to another city or county in the last three years?
   No _______ Yes _______

   ![Crop](https://via.placeholder.com/150)
   Work in the harvest of fruits and vegetables, tobacco, sweet potatoes, nuts, cotton, or in agricultural farms, ranches, fields, and vineyards

   ![Cannery](https://via.placeholder.com/150)
   Working in a fruit or vegetable canner or in a fruit or vegetable packing plant

   ![Dairy](https://via.placeholder.com/150)
   Working in a dairy

   ![Fishery](https://via.placeholder.com/150)
   Working in a fishery or on a shrimp or catfish farm

   ![Slaughterhouse](https://via.placeholder.com/150)
   Working in a slaughter house (chicken, cow, or pig)

   ![Poultry](https://via.placeholder.com/150)
   Working on a poultry or hog farm

   ![Nursery](https://via.placeholder.com/150)
   Working in a plant nursery or orchard; growing or harvesting trees

   ![Other](https://via.placeholder.com/150)
   Other similar work in agriculture, please explain:
   _______________________________
   _______________________________
   _______________________________

3. How long ago did you arrive to this school district? Month _____ Year _____

4. Parent(s)’ Name(s) __________________________________________

5. What is your current address?
   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
   Address
   City ___________________ State _______ Zip Code __________________________

6. Phone Number(s): ____________________________