



DELAWARE DEPARTMENT OF EDUCATION  
MIGRANT EDUCATION PROGRAM  
Agricultural Work Survey

Dear Parent/ Guardian,

In order to better serve your child, \_\_\_\_\_, the \_\_\_\_\_ School District is helping the State of Delaware identify students who may qualify to receive additional education and support services.

**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child’s school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If “NO,” then you do not need to complete the remainder of this survey. If “YES,” please continue.

2. Was the reason for this change **to look for or to accept** a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If “YES,” please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- |               |                          |  |  |
|---------------|--------------------------|--|--|
| Farm          | Chicken processing plant | Dried or dehydrated fruits/spices                                | Plant nursery/greenhouse                         |
| Dairy         | Processing meat/fish     | Sod farms  | Tree growing or harvesting                       |
| Ranch         | Cranberry bogs           | Meat or food packing plant                                       | Food processing                                  |
| Cannery       | Fresh/frozen juices      | Mushrooms  | Pet food processing                              |
| Chicken house | Fishery                  | Planting, picking, or packing fruits, vegetables, seeds, or nuts | Cleaning, weeding or preparing land for planting |

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

\_\_\_\_\_

Please list all children **ages 3-21 years old** in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to be reached \_\_\_\_\_ AM / PM Alternate or cell phone number: \_\_\_\_\_

**DISTRICTS: a COPY of this form must be retained in the student’s file to document compliance with the Title I, Part C federal program requirements. The ORIGINAL document must be submitted to the Delaware Department of Education Migrant Education Program Office via State mail to Code D370B or by U.S. Postal Service to 401 Federal Street, Suite 2, Dover, DE 19901.**