## School Year

2024-2025

# Parent Occupational Survey

**Date**:

# Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C

Name of Student(s) Name of School Grade

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? \_\_Y \_\_\_N
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the

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last three (3) years? **Yes No**

## If you answer “yes”, check all that applies:

1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)

2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw

3) Processing/Packing agricultural products

4) Dairy/Poultry/Livestock

5) Packing/Processing meats (beef, poultry, or seafood)

6) Commercial fishing or fish farms

7) Other (Please specify occupation): Names of Parent(s) or Legal Guardian(s) Current Address: City: State: Zip Code: Phone:

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