



# Kansas Migrant Education Program

## Identification & Recruitment Parent Survey

Please complete the following information to help us determine if your child qualifies for the Migrant Education Program. This program provides other benefits and academic helps for students who may need assistance. Thank you for your help.

Address \_\_\_\_\_

How long has your family lived at your present address? \_\_\_\_ years \_\_\_\_ months

Has your family moved in the last 3 years?  Yes  No

Has anyone in your family worked in anything related to the jobs listed below?  Yes  No



Feed Cattle,  
Processing, Packing



Dairy



Eggs



Cultivation,  
Preparation of soil



Fishing



Harvest (fruit  
and vegetables)



Milling,  
Cotton



Trees  
Planting, Cutting



Greenhouse,  
Nursery, Sod

**If you answered yes to any of the above questions, please answer the following questions:  
(If you answered no, you do not need to continue.)**

Name of Parents \_\_\_\_\_

Please list all children less than 22 years of age

First	Last	Sex	School	Grade	Date of Birth

Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_