



Migrant Education Program
Occupational Survey

Date Received: _____ School: _____ Grade: _____

Student's Name: _____ D.O.B. _____ Gender _____ Ethnic group/
Race _____

Address: _____ Phone: _____ Alternate
Number(s): _____

Father's Name: _____ Mother's Name: _____

Sibling's Name: _____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____
_____ D.O.B. _____

The Migrant Education Program provides support and instructional services of children and families that have migrated to North Carolina within the last three (3) years.

- How long ago did you arrive to this country? _____
- How long have you lived in Perquimans County? _____
- Did you or someone in your family come in search of temporary or seasonal work in agriculture?
YES _____ NO _____
- If yes, please indicate which family member performs temporary or seasonal work.
Mother _____ Father _____
- What type of employment?

_____ Farming	_____ Picking fruit or vegetables	_____ Plant nursery
_____ Ranching	_____ Cotton farming/ginning	_____ Poultry production
_____ Fencing	_____ Combining/harvesting grain	_____ Clearing land
_____ Dairying	_____ Driving tractors/machinery	_____ Picking pecans, etc.
_____ Fishing	_____ Tree growing or harvesting	_____ Bailing hay
	_____ Food processing in plants	_____ Other similar work
- Do you: _____ Own _____ Rent _____ Other