



**PROGRAMA DE EDUCACIÓN
PARA NIÑOS MIGRANTES**

Nuestra escuela se interesa en ofrecerles toda la ayuda posible a los niños de familias que se mueven de escuela a escuela. Por favor, conteste las preguntas

Nombre de la Escuela _____
 Nombre de Estudiante/s _____

Nombre de los Padres _____

Nombre de la Escuela _____

¿Han vivido en otro lugar/condado en los últimos tres (3) años? _____ Si _____ No

¿Cual es la fecha cuando Uds. llegaron a vivir aquí? _____

¿Algún miembro de su familia ha trabajado o tiene la intención de trabajar en uno de lo siguientes trabajos por algún tiempo o temporalmente o durante los últimos tres años? (Marque todo lo que le aplique)

- ____ Agricultura; plantando/cosechando: tomates, chiles, cebollas, etc.
- ____ Plantando o cortando árboles
- ____ Procesando / empacando productos de agricultura
- ____ Lechería o ganadería
- ____ Empacadoras de carnes / pollo / mariscos
- ____ Pescando o criaderos de pescado
- ____ Ninguna de estas actividades

School Staff: If marked ***yes and if any of the various occupations are checked*** please give to your school/system Migrant Ed. Staff or fax to **Two Rivers MEA** at 229-246-3079 or mail to PO BOX 1563 Bainbridge, GA 39817. If marked ***no*** please save and file. Questions? Please call 229-246-3078. Thank you.

Nombre de su patrón _____

Dirección donde vive _____ ciudad _____

Teléfono de su casa o lugar donde le puedan llamar: _____

Direcciones de la escuela a su casa: _____

¡Gracias!

Kathy Cox, State Superintendent of Schools

School Staff: If marked ***yes and if any of the various occupations are checked*** please give to your school/system Migrant Ed. Staff or fax **Thank You! Questions? Please call 1-800-238-7216** to **Two Rivers MEA** at 229-246-3079 or mail to PO BOX 1563 Bainbridge, GA 39817. If marked ***no*** please save and file.



MIGRANT EDUCATION PROGRAM

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another. Please answer these questions

Name of the School _____

Name of the Student(s) _____

Names of Parents or Legal Guardian(s) _____

Our school is interested in providing as much help as possible to children whose families have had to move from one school system to another.

Has your family lived in another county in the last three (3) years? _____ Yes _____ No

If so, what is the date your family arrived in this county? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)

- ____ Agriculture; planting / picking tomatoes, squash, peppers, etc
- ____ Planting, growing, or cutting trees (pulpwood)
- ____ Processing / packing agricultural products
- ____ Dairy, Poultry, or Livestock
- ____ Meatpacking / Poultry / Seafood
- ____ Fishing or fish farms
- ____ Other (Please specify occupation): _____

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Name of current or most recent employer: _____

Current Address: Street _____ City _____

Home phone or phone where you can be reached: _____

Directions from School to the Home: _____

Thank You!
Kathy Cox, State Superintendent of Schools

School Staff: If marked **yes and if any of the various occupations are checked** please give to your school/system Migrant Ed. Staff or fax **Thank You! Questions? Please call 1-800-238-7216** to **Two Rivers MEA** at 229-246-3079 or mail to PO BOX 1563 Bainbridge, GA 39817. If marked **no** please save and file.