



Program Eligibility Survey



Dear Parents/Guardian,

Our school district receives funding to provide additional support and services for students who qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our school district to receive supplemental funding. All information is confidential and will not be used for any other purpose.

Parents/Guardian Names: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Best time to call: _____

Please list all children in your home from birth to 22 years of age.

Child Name	Date of Birth	Name of School

What year did your family last move? Year: _____

Has either parent/guardian worked in, or applied for employment in any of the following areas within the past 3 years? Yes No

If yes, please mark the appropriate employment areas with an X:

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Hauling Fruits or Vegetables |
| <input type="checkbox"/> Planting/Harvesting Field Crops | <input type="checkbox"/> Canning |
| <input type="checkbox"/> Poultry | <input type="checkbox"/> Orchards |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Greenhouse/Nursery |
| <input type="checkbox"/> Food Processing Plant | <input type="checkbox"/> Tree Processing/Forestry |
| <input type="checkbox"/> Meat Packing Plant | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Sort/Grade/Sack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Feed Lots |
| <input type="checkbox"/> Seed Packaging | |