



**DISTRICT SCHOOL BOARD OF PASCO COUNTY  
MIGRANT QUESTIONNAIRE**

MIS #142  
04/17

Dear Parents,

In order to better serve your children, the District School Board of Pasco County is helping the state of Florida identify students who may qualify to receive additional educational services.

**The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school. (If you receive more than one of these surveys, only complete one and list below the names of all your children.)

1. Have you or your family moved from one town or school district to another within the state or out-of-state within the past 3 years? Yes \_\_\_\_ No \_\_\_\_

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

2. Did the children in your family go with you or join you at a later date? Yes \_\_\_\_ No \_\_\_\_

"NO", then you do not need to complete the remainder of this survey. If "YES", please continue.

3. During the last three years, were any of these moves made with the intent to find temporary or seasonal work in agricultural or fishing-related activities? Yes \_\_\_\_ No \_\_\_\_

If "NO", then you do not need to complete the remainder of this survey. If "YES", please continue and circle all that apply.

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| a. working on a farm            | g. working on a poultry farm         |
| b. working on a ranch           | h. working in a plant nursery        |
| c. working in a cannery         | i. tree growing or harvesting        |
| d. working in a dairy           | j. cotton farming/ginning            |
| e. working in a fishery         | k. picking fruit, nuts or vegetables |
| f. working in a slaughter house | l. other similar work: _____         |

Please complete the information. (Please Print)

Number of children in your family: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Best Time to Contact You: \_\_\_\_\_

Name of your child(ren):

_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____
_____	Age _____	Grade _____	School _____

**Please forward the completed form to the Office for Student Support and Program Services -  
Special Programs Division**