

**MADISON METROPOLITAN SCHOOL DISTRICT**  
**Migrant Education Program**  
**545 West Dayton Street ★ Madison, WI 53703**  
**(608) 663-5210 Office ★ (608) 442-2160 Fax**

**FAMILY SURVEY**  
**2016-2017**

<b>STUDENT NAME:</b>	<b>DATE OF BIRTH:</b>
<b>SCHOOL NAME:</b>	<b>GRADE LEVEL:</b>

Dear Parent/Guardian:

The Madison Metropolitan School District assists the state of Wisconsin to identify students who may qualify for the Migrant Education Program to receive additional services. **The information provided below will be kept confidential.**

Please answer the following questions and return this form to your child's school.

1. Has your family moved any time during **the last three years** from one school district to another in Texas or within the United States?






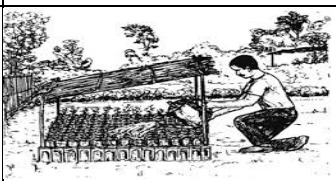


YES  (Continue to question 2)

NO  (Stop here and return survey to your child's school)

2. Were any of these moves made to find temporary/seasonal work in agriculture or fishing? (e.g., field work, canneries, dairy work, meat processing, etc.)

YES  (Please check all that apply below)

NO  (Stop here and return survey to your child's school)

 Fruit, vegetables, sunflower, cotton, wheat, grain, farms or ranches, fields & vineyards <input type="checkbox"/>	 Dairy farm <input type="checkbox"/>	 Fishery <input type="checkbox"/>	 Cannery <input type="checkbox"/>
 Poultry farm <input type="checkbox"/>	 Plant nursery, orchard, tree growing or harvesting <input type="checkbox"/>	 Slaughterhouse <input type="checkbox"/>	 Other similar work, please explain: <input type="checkbox"/>

**PLEASE COMPLETE THE FOLLOWING INFORMATION IF YOU ANSWERED "YES" TO BOTH QUESTIONS ABOVE. A MIGRANT REPRESENTATIVE WILL CONTACT YOU TO FIND OUT WHETHER YOUR CHILD IS ELIGIBLE FOR ADDITIONAL EDUCATIONAL SERVICES.**

<b>Parent/Guardian Name:</b>	<b>Home Address:</b>	<b>Telephone Number:</b>

--FOR SCHOOL USE ONLY--  
**PLEASE FAX OR MAIL THIS FORM TO THE MIGRANT EDUCATION PROGRAM.**  
**FAX: 608-442-2160**

**MADISON METROPOLITAN SCHOOL DISTRICT  
Migrant Education Program  
Title I, Part C  
Referral Form**

School personnel should call the Migrant Education Program at **608-663-5210** or **Fax** this form to **608-442-2160** to refer possible migrant children that were missed during the school's enrollment process.

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**Possible Migrant Family:** \_\_\_\_\_  
(Father/Guardian: Last Name, First Name) (Mother /Guardian: Last Name, First Name)

\_\_\_\_\_  
(Address) (Telephone)

**CHILD 1:** \_\_\_\_\_ **CHILD 2:** \_\_\_\_\_ **CHILD 3:** \_\_\_\_\_  
Grade: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade: \_\_\_\_\_  
ID#: \_\_\_\_\_ ID#: \_\_\_\_\_ ID#: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

**CHILD 4:** \_\_\_\_\_ **CHILD 5:** \_\_\_\_\_ **CHILD 6:** \_\_\_\_\_  
ID#: \_\_\_\_\_ ID#: \_\_\_\_\_ ID#: \_\_\_\_\_  
Grade: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

From: \_\_\_\_\_  
(Name) (School) (Position) (Date)

**TO: Migrant Education Program**  
545 West Dayton Street  
Madison, WI 53703  
**Telephone: 608-663-5210 Fax: 608-442-2160**

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**For Migrant Office Use:**

The parents or guardians of the above-named student(s) have been interviewed by a Migrant Recruiter.

Please be advised that according to Federal guidelines, the results of the interview are:

- \_\_\_\_\_ The Family is **ELIGIBLE** for Migrant Program Services.  
\_\_\_\_\_ The Family is **INELIGIBLE** for Migrant Program Services.

\_\_\_\_\_  
Migrant Recruiter Signature