Georgia Department of Education

Educating Georgia's Future

School District: Thomas County **Date**: 2026-2027

Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C.

☐ **Parent declined to complete form.** _____ **Parent initials**

Name of Student(s)	Name of School	Grade

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ **Yes** ☐ **No**

2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ **Yes** ☐ **No**

   If you answer "yes", check all that applies:
   ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
   ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
   ☐ 3) Processing/Packing agricultural products
   ☐ 4) Dairy/Poultry/Livestock
   ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
   ☐ 6) Commercial fishing or fish farms
   ☐ 7) Other (Please specify occupation): _____

Names of Parent(s) or Legal Guardian(s) _____

Current Address: _____

City: _____State: _____Zip Code: _____Phone: _____

Thank You! Please return this form to the school

Please maintain original copy in your files.
MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.
Non-MEP funded (consortium) school/districts: When at least one "yes" **and** one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeehan
Phone: 470-763-1137
rmcKeehan@doe.k12.ga.us

GaDOE Region 2 MEP, Pearl Barker
Phone: 470-763-1138
PBarker@doe.k12.ga.us

Family Contacted/Attempt Date: _____ Sent to Regional Office on: _____