



Program Eligibility Survey



Dear Parents/Guardian,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing this form will assist us to identify eligible students and for our 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.

| <i>Child Name</i> | <i>Date of Birth</i> | <i>School</i> |
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- **When did you arrive to this school district? YEAR: _____**

- **Has either parent/guardian ever intended to work in, looked for employment, or worked in any of the following areas in the past 3 years? YES NO**

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

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