



Program Eligibility Survey

Dear Parents,

Our district receives funding to provide additional support and services for students that qualify for specific programs. Your cooperation in completing and returning 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. Thank you for completing and returning this form as soon as possible.

1. Have you lived in your present city or school district for less than 3 years? Yes No

2. 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 area(s) with an X.

- | | |
|--|---|
| <input type="checkbox"/> Farming/Ranching | <input type="checkbox"/> Trucking/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"/> Christmas 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"/> Fence Construction on Farms or Ranches |
| <input type="checkbox"/> Clean/Prepare/Pack Vegetables and/or Fruits | <input type="checkbox"/> Sod Farms |
| <input type="checkbox"/> Seed Packaging | <input type="checkbox"/> Feed Lots |

3. Parents/Guardians Names: _____ Date: _____

Address: _____ Apt # _____

City: _____ Zip Code: _____

Phone Number: (____) _____ Best time to call: _____

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

First and Last Name	Date of Birth	School