



**Miami-Dade County Public Schools
Department of Title I Administration
Title I Migrant Education Program
Migrant Program Student Eligibility Survey
(Occupational Survey – Florida Department of Education)**



The purpose of this questionnaire is to help determine the eligibility of supplemental services for students and families under The Education of Migratory Children, Title I, Part C Program of The Elementary and Secondary Education Act (ESEA).

PARENT/GUARDIAN(S): PLEASE COMPLETE SECTIONS I, II, AND III, AS APPLICABLE AND SUBMIT THE COMPLETED MIGRANT STUDENT ELIGIBILITY SURVEY TO YOUR CHILD'S SCHOOL REGISTRAR.

SECTION I: Please check each box that applies to you and any family member(s) living in the same household as your child (student).

1) In the past three years (36 months), has your child moved to/from another city, state, and/or country? YES NO

**If "YES" is selected, please answer question 2, and complete Sections II and III below.
If "NO" is selected, only complete Section II below.**

2) In the last three years (36 months), have you or anyone in your family crossed state or county lines for the purpose of working in one of the following occupations, either full-time or part-time?

- | | |
|--|--|
| <input type="checkbox"/> Commercial fishing industry (fresh/salt water, crabbing, shrimping, and/or clamming) | <input type="checkbox"/> Nursery industry (planting, potting, and/or pruning) |
| <input type="checkbox"/> Dairy industry (feeding, milking, and/or rounding up) | <input type="checkbox"/> Planting or harvesting of trees industry |
| <input type="checkbox"/> Farming industry (plowing, planting, cultivating, harvesting, and/or processing farm crops) | <input type="checkbox"/> Poultry industry |
| <input type="checkbox"/> Fish farm and/or processing fish products industry | <input type="checkbox"/> Seasonal and/or temporary work in any of the preceding industries |

SECTION II: Please enter the information of the child (student) living in your household.

Student First & Last Name	Student ID #	Date of Birth	Grade	School Name

SECTION III: Please provide the parent/guardian contact information.

Current Address	City	Zip Code

Parent/Guardian Name	Parent/Guardian Telephone #	Parent/Guardian Email Address

Parent/Guardian Signature _____ Date: _____

FOR SCHOOL USE ONLY

The School Registrar should complete this section and submit the completed survey to the Title I Migrant Education Program, Location # 9431, by utilizing one of the methods indicated at the bottom of this form.

School Registrar/Contact Name	School Name and Location #	School Telephone #

U.S. Postal Address: 28205 SW 124th Court, Building F, Room F019, Homestead, Florida 33033
M-DCPS School Mail: Location #9431 • **Fax:** 305-258-3840 • **Email:** migrantprogram@dadeschools.net

For questions regarding completion and submission of this survey, please call the Title I Migrant Office at 305-258-4115.





Escuelas Públicas del Condado Miami-Dade
Departamento de Administración del Título I
Programa de Educación del Título I para Migrantes



**Encuesta de Elegibilidad de los Estudiantes del Programa para Migrantes
(Encuesta Ocupacional – Departamento de Educación de Florida)**

El propósito de este cuestionario es ayudar a determinar la elegibilidad de los servicios suplementarios para los estudiantes y las familias bajo el Programa del Título I, Parte C, La Educación de los Niños Migrantes, de la Ley de Educación Primaria y Secundaria (*Elementary and Secondary Education Act, ESEA*).

PADRES DE FAMILIA/TUTOR(ES): POR FAVOR COMPLETEN LAS SECCIONES I, II Y III, SEGÚN CORRESPONDA Y ENVÍE LA ENCUESTA DE ELEGIBILIDAD PARA ESTUDIANTES MIGRANTES COMPLETADA AL REGISTRADOR DE LA ESCUELA DE SU HIJO.

SECCIÓN I: Por favor, marque cada casilla que aplique a usted y a cualquier miembro de la familia que viva en el mismo hogar que su hijo (estudiante).

1. En los últimos tres años (36 meses), ¿su hijo/a se ha mudado a/desde otra ciudad, estado y/o país? SÍ NO

**Si la respuesta es "SÍ", responda a la pregunta 2 y complete las Secciones II y III que figuran a continuación.
Si se selecciona "NO", solo complete la Sección II a continuación.**

2. En los últimos tres años (36 meses), ¿usted o alguien de su familia ha cruzado las fronteras estatales o del condado con el propósito de trabajar en una de las siguientes ocupaciones, ya sea a tiempo completo o parcial?

- | | |
|--|---|
| <input type="checkbox"/> Industria pesquera comercial (agua dulce/salada, captura de cangrejos, camarones y/o almejas) | <input type="checkbox"/> Industria de viveros (plantación, enmacetado y/o poda) |
| <input type="checkbox"/> Industria láctea (alimentación, ordeño y/o arreo) | <input type="checkbox"/> Industria de plantación o cosecha de árboles |
| <input type="checkbox"/> Industria agrícola (arar, plantar, cultivar, cosechar y/o procesar cultivos agrícolas) | <input type="checkbox"/> Industria avícola |
| <input type="checkbox"/> Acuicultura y/o industria de procesamiento de productos pesqueros | <input type="checkbox"/> Trabajo estacional y/o temporal en cualquiera de las industrias anteriores |

SECCIÓN II: Ingrese la información del niño/a (estudiante) que vive en su hogar

Nombre y apellido del estudiante	# ID del estudiante	Fecha de nacimiento	Grado	Nombre de la escuela

SECCIÓN III: Proporcione la información de contacto de los padres de familia/Tutor

Dirección actual	Ciudad	Código postal

Nombre del padre de familia/Tutor	Teléfono del padre de familia/Tutor	Dirección de correo electrónico del padre de familia/Tutor

Firma del padre de familia/Tutor _____ Fecha: _____

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Lekòl Leta Miami-Dade County
 Depatman Administrasyon 'Title I'
 Pwogram Edikasyon Title I pou Migran



Sondaj sou Elijiblite Elèv nan Pwogram Migran an
 (Sondaj Pwofesyonèl – Depatman Edikasyon Florid)

Objektif kesyonè sa a se pou ede detèmine elijiblite elèv ak fanmi pou sèvis adisyonèl nan
 "The Education of Migratory Children, Title I, Part C Program of The Elementary and Secondary Education Act (ESEA)"
 (Pwogram Title I Edikasyon pou Timoun Migran, Pati C nan Akò Edikasyon Elemantè ak Segondè).

**PARAN/GADYEN: TANPRI RANPLI SEKSYON I, II AK III, KÒM APLIKAB EPI SOUMÈT SONDAJ SOU
 KALIFIKASYON ELIJIBILITE ELÈV OU A RANPLI NAN REJISTRÈ LEKÒL PITIT OU A.**

SEKSYON I: Tanpri tcheke chak bwat ki gen rapò avèk ou ansanm ak nenpòt manm fanmi ki abite nan menm kay ak pitit ou (elèv ou).

1) Nan twa dènye ane ki pase yo (36 mwa), èske pitit ou te deplase pou ale/soti nan yon lòt vil, eta, ak/oswa peyi? WI NON

**Si "WI" yo chwazi, tanpri reponn kesyon 2, ak Seksyon konplè II ak III anba a.
 Si "NO" chwazi, sèlman seksyon konplè II anba a.**

2) Nan twa dènye ane ki pase yo (36 mwa), èske ou menm oswa yon manm nan fanmi w te travèse limit eta a oswa limit konte a nan objektif pou travay a tan plen oswa a tan pasyèl, nan nenpòt nan sektè travay sa yo,?

Sektè Lapèch Komèsyal (dlo fre/sale, peche krab, kribich, ak oswa zwit)

Sektè ki fè pwodui pou gadri (plant, po flè, ak/oswa jadinaj)

Sektè letri (pwodui ki fèt a baz lèt) (nouri, tire bèf ak/oswa rasanble bèt yo)

Sektè plante oswa rekòlte pye bwa

Sektè Agrikòl (laboure, plante, kiltive, rekòlte, ak oswa trete pwodui jaden yo)

Sektè ki trete vyann bèt volay

Fèm pou elvaj pwason ak/oswa sektè tretman pwodwi ki gen rapò ak pwason

Travay pa sezon ak oswa travay tanporè nan nenpòt nan sektè travay nou te site anvan yo

SEKSYON II: Tanpri antre enfòmasyon sou timoun nan (elèv) ki ap viv lakay ou a.

Prenon ak Non Elèv la	# 'ID' Elèv la	Dat Nesans Elèv la	Nivo Klas li	Non lekòl li

SEKSYON III: Tanpri bay enfòmasyon sou kontak paran/gadyen an.

Adrès Kounye a Kote w Abite	Vil	Kòd Postal

Non Paran/Gadyen	# Telefòn Paran/Gadyen an	Adrès Imèl Paran/Gadyen an

Siyati Paran/Gadyen an: _____

Dat: _____

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