Warren County Schools
109 Cousin Lucy's Lane - PO Box 110
Warrenton, NC 27589
(252) 257-3184

Occupational Survey

Complete one form for each student

Student Name:	**Grade:**
School:	**Date:**

Some special programs funds are available through the State Department of Public Instruction to provide school assistance to children whose family has moved from one school district to another, so that some member of the immediate family could obtain temporary or seasonal work in certain kinds of jobs. Please assist us in finding out if your child(ren) is/are eligible to be served in this special program.

Please provide the following information:

1. a. Have you moved into or out of this school district within the past six years so that any member of your family could obtain temporary or seasonal employment in fishing, farming, or food processing?

☐ YES ☐ NO

If the answer to this question is "NO," check the appropriate space, sign and return the form to your child's school. If the answer is "YES," finish filling out this form.

b. Indicate the type of temporary or seasonal work engaged in by any member of the family:

☐ Farming, Planting, Cultivating, Harvesting, or Processing Farm, or Orchard Crops *(Examples: Setting tobacco, cropping tobacco, sheeting tobacco, picking cucumbers, digging sweet potatoes.)*

☐ Dairy, Poultry, Livestock Farming or Food Processing *(Examples: Temporary work on hog, chicken, turkey farms, a dairy farm or in processing plant.)*

☐ Cutting or Harvesting of Trees

☐ Fish Farming or Commercial Fishing

2. Where **DID** you live before moving to this school district?

Street Address:	**City, State:**
Zip:	**County:**

3. What is your **PRESENT** address?

Street Address:	**City, State:**
Zip:	**County:**

4. When did you move to this school district?

_____ _____ _____
Month **Day** **Year**

Please give the following information on all school age children in your family and any other from birth age through twenty-one year old who live with you:

Last Name	First Name	Grade	Birth Date MM/DD/YYY	Birth Place (City, State or Country)

_____
Parent or Guardian Print Name

_____ _____
Signature **Date**