



DELAWARE DEPARTMENT OF EDUCATION

English/Haitian-

Dear Parent/ Guardian,

In order to serve your child, _____, the _____ District/Charter School is helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child’s school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

_____ YES _____ NO

If “NO,” do not complete the remainder of this survey. If “YES,” please continue.

2. Was the reason for this change to look for or to accept a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

_____ YES _____ NO

If “YES,” please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- Farm, Dairy, Ranch, Cannery, Chicken house, Chicken processing plant, Processing meat/fish, Cranberry bogs, Fresh/frozen juices, Fishery, Dried or dehydrated fruits/spices, Sod farms, Meat or food packing plant, Mushrooms, Planting, picking, or packing fruits, vegetables, seeds, or nuts, Plant nursery/greenhouse, Tree growing or harvesting, Food processing, Pet food processing, Cleaning, weeding or preparing land for planting

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

Please list all children ages 3-21 years old in the home, including those not enrolled in school:

Table with 5 columns: First / Last name, Date of Birth, Age, Grade, School

Parent/Guardian: _____ Date: _____

Address: _____ Apt. No. _____ City: _____ Zip: _____

Phone: _____ Best time to be reached _____ AM / PM Alternate or cell phone number: _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education Migrant Education Program Office within 10 days of the student’s enrollment by State



Depatman Edikasyon Delaware
Pwogram Edikasyon pou Migran

English/Haitian-Creole

Chè Paran(yo),

Dat: _____

Nan lide pou pi byen sèvi pitit ou a, _____ la _____ Distri Lekòl
(Insert District/Charter School Name)

yo ap ede Eta Delaware idantifye elèv ki kapab kalifye pou resevwa plis edikasyon ak sèvis sipò.

Enfòmasyon ke w bay pi ba ap rete konfidansyèl. Tanpri reponn kesyon sa yo epi retounen fòm sa a nan lekòl pitit ou .

1) Nan twa (3) dènye ane yo, eske fanmi ou te chanje soti nan: a) yon distri lekòl pou al nan yon lòt ; b) yon eta pou ale nan yon lot eta ; c) yon lòt peyi pou vin nan US
_____ Wi _____ Non

Si w repon « Non » ou pa bezwen kontinye rès sondaj la. Si w repon « Wi » tanpri kontinye.

2) Eske rezon kifè chanjman sa yo sete pou w chache si w jwen oswa aksepte yon djob nan jaden oswa nan yon nan aktivite sa yo ki nan lis anba a. Reponn kesyon sa a mem si w gen yon lòt kalite travay ki diferan kounye a.
_____ Wi _____ Non

Si "wi", tanpri ansèkle tout sa ki aplike pou oumenm oswa mari ou / madanm, oswa yon moun lakay ou ki te travay nan youn nan sa yo:

- fèm Usine ki prepare poul Fwi a kepis sech epi santibon Pepinyè / lakòz efè tèmik
letye Usine kote yo prepare vyann / pwason Kote yo van sèl pwason Kote yo plante pye bwa oswa rekòlte
elvaj Kote ki gen Cseriz Usine Kote yo anbale vyann ak manje Faktory kote yo met manje nan mamit
konsèrveri Ji fresh / jele dyondyon Preparasyon manje pou bet
Kay Poul Lapèch Plante ,ranmase, anbale fwi, legim, Netwayaj, saklay te plantasyon
vyan, nwa

Tanpri ajoute nenpòt lòt travay ki gen rapò ak aktivite agrikòl oswa lapèch ke w ka fè : _____

Tanpri fè lis tout ti moun lakay ou ki gen laj 3-21 ane. Mete sak pako ale lekòl tou

Table with 5 columns: Non/sinyati, Dat timoun nan fèt, Laj li, Clas li, Lekòl li

Paran/ moun responsab : _____ Dat: _____

Apt. No _____ Katye _____ Kòd _____

Phone _____ Pi bon lè pou rele w _____ AM/PM Lòt telefòn/ selilè Nimero telefòn li _____

DISTRICTS: The ORIGINAL document must be submitted to the Delaware Department of Education Migrant Education Program Office within 10 days of the student's enrollment by State Mail Code N510 or by U.S. Postal Service to 35 Commerce Way, Suite 1, Dover, DE 19904. A COPY of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.