



Migrant Education Program 2019-2020 Survey

Craig City School District
PO Box 800 | Craig, AK 99921

PLEASE return this survey to your child's school or mail it to the address above. Questions? Call 907-826-3274
All information provided is confidential and used only for the Migrant Education Program.
If the information you have provided meets State guidelines you will be contacted for a screening interview.

Verify or fill in all the following information and answer questions #1, 2 & 3 for each child:						In the <u>last year</u> , did the child listed: (If Yes, mark with an X)		
Child Full Name	DOB	School	Ethnicity	Grade	Gender	(1) Participate in a Migrant Activity?	(2) Travel out of city limits for the activity?	(3) Go on trips for 8 days / 7 nights total?

Specific Information and Requirements:

Each requirement has additional guidelines that must be met to qualify. Eligibility is determined by the State of Alaska.

- MIGRANT ACTIVITY** – Did this child travel to participate and/or look for Migrant activity? Migrant activity includes:
 - Commercial:** working on a boat or at a camp for commercial purposes (to sell your catch).
 - Subsistence:** gathering food (fish, crab, berries, etc.) for personal use by camp, pole fishing, gill netting, seining, etc.
 - Fish Processing:** cannery work **Forestry:** Logging work **Agriculture:** producing or processing crops and/or berries.
- TRAVEL** – Child must have traveled at least out of city limits for the activity.
- TRIPS** – Only trips away from home that lasted a minimum of 1 night can be counted. Multiple trips can be combined but must total at minimum of 7 nights/8 days in a 12 month period within the last 3 years.

Complete this section to the best of your knowledge about the activity and trips your child(ren) participated in.

TRIP #	LOCATION(S) traveled to for the activity – please mark on map	Date Left Home	Date Returned Home	Type of Migrant Activities done?
TRIP #1				
TRIP #2				
TRIP #3				
TRIP #4				
TRIP #5				
TRIP #6				
TRIP #7				

FAMILY / HOUSEHOLD INFORMATION (only for Parents/Guardians that live in the home with the child(ren) listed above)

PARENT / GUARDIAN:		PARENT / GUARDIAN:	
Physical Address:		Mailing Address:	
City, State, Zip		City, State, Zip	
Telephone:		Other Phone:	

Parent Signature: _____ Date: _____ Best time to contact you: Morning: Afternoon:

COMMENTS: