



## 25/26 Academic School Year Enrollment Application

Form Complete:

Form Notes:

**Thank you for choosing Utopian Academy for the Arts Charter School Network!**

At Utopian Academy for the Arts, students will have the opportunity to learn alongside a diverse, creative, and exceptionally talented community of scholars. We are dedicated not only to cultivating academic success but also to fostering our scholars' artistic development. Our unique and rigorous curriculum combines core academics with classes in dramatic and media arts.

1. **Enrollment Requirements:** Students must be enrolled by a parent, legal guardian, or foster parent.
2. **Residency Requirements:** Students applying to the following academies **must** reside in Clayton County, GA:

**Elementary School Academy**(Ellenwood Campus) - Grades K-5

**Middle School Academy**(Ellenwood Campus) - Grades 6-8

**High School Academy**(Morrow Campus) - Grades 9-12

3. **State Residency Requirement:** Students applying to the following academy **must** reside within the state of Georgia. This academy has a statewide attendance zone.

**Trilith Middle Academy** (Fayetteville Campus) - Grades 6-8

### Required Documents

1. **Proof of Age:**  
Student's birth certificate or other acceptable proof (e.g., state-issued ID, passport).
2. **Student's Social Security Card:**  
Georgia law (O.C.G.A. § 20-2-150) requires public school authorities to request from parents and guardians the Social Security number for students being enrolled in school. The Social Security number is to be incorporated into the official school record for the student. No student will be denied enrollment in a public school for declining to provide his or her Social Security number or for declining to apply for such a number. A parent or guardian who objects to the incorporation of the social security number into the official school record of their student may have the requirement waived by signing a statement objecting to the requirement.
3. **Enrolling Parent/Guardian ID:**  
State-issued ID of the enrolling parent or legal guardian.
4. **Student's Academic and Behavioral Records:**  
Most recent report card and/or transcript from public, private, or home school  
(not required for Kindergarten applicants)  
Behavior report or Behavior Letter  
(required for applicants grades 6-12)
5. **Proof of Residence:**  
Current mortgage, deed, or lease agreement (dated within the last 60 days) AND  
One current utility bill (electric, gas, or water) dated within the last 60 days.
6. **Health Forms:**  
Vision Hearing Dental GA Form 3300  
GA Immunization Form 3231
7. **Special Education Records:**  
IEP, 504 Plan, or Gifted documentation (if applicable).
8. **Custody/Guardianship Documentation:**  
Proof of custody, guardianship, foster care, adoption, or name change (if applicable).

I confirm that this application is intended for enrollment at the selected Utopian Academy for the Arts Academy	<input type="radio"/> UAFA Elementary- Ellenwood <input type="radio"/> UAFA Middle- Ellenwood <input type="radio"/> UAFA Middle- Fayetteville <input type="radio"/> UAFA High- Morrow
What grade level are you enrolling in the 2025/2026 school year?:	
<b><u>Student Demographic Information</u></b>	
Student Legal Last Name:	
Student Full Legal Middle Name:	
Student Legal First Name:	
Suffix:	
Student Date of Birth (MM/DD/YYYY):	
Student Gender:	<input type="radio"/> Female <input type="radio"/> Male
Student Age:	
Place of Birth (City & State or Country if not US):	
Country of birth:	
If Other, please state the country of birth:	
Student's Race/ Ethnicity (Choose all that apply):	<input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Native Hawaiian/ other Pacific Islander <input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black or African American
Is the student Hispanic/Latino?:	<input type="radio"/> Yes <input type="radio"/> No
In which language do you prefer to receive school communication?:	
Which language does your child <b>BEST</b> understand and speak?:	
Which language does your child <b>MOST</b> frequently speak at home?:	
Which language do adults in your home <b>MOST</b> frequently use when speaking with your child?:	
<b><u>HOUSEHOLD INFORMATION</u></b>	
Family Primary Mailing Address (Apt./Suite #), City, State, Zip Code:	
County of Residence:  Students applying to the following academies must reside in Clayton County, GA: Elementary School Academy (Ellenwood Campus) - Grades K-5 Middle School Academy (Ellenwood Campus) - Grades 6-8 High School Academy (Morrow Campus) - Grades 9-12  Students applying to the following academy must reside within the state of Georgia: Trilith Middle Academy (Fayetteville Campus) - Grades 6-8 This academy has a statewide attendance zone.	_____ County

## McKinney-Vento Act

The answers to this questionnaire help in determining eligibility for services through the federal McKinney-Vento Act, 42 U.S.C. 11435. For more information, please contact The Homeless Education Project 941-255-7480. Your children have the right to:

- Continue to attend school in the school attended before you became homeless (school of origin).
- Receive transportation to the school of origin
- Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- Receive the same special programs and services, if needed, as provided to all other children served in these programs.
- Have enrollment disputes quickly addressed.

The McKinney Vento Homeless Education Assistance Act ensures the educational rights above for scholars who are homeless. If you wish to have a copy of this document, please contact the Main Office.

Presently are you and or your family living in any of the following situations?::

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Waiting for foster care placement
- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- None apply to my living situation

Parent/Legal Guardian #1 Full Name:	
Parent/Legal Guardian #1 Relationship to Student:	
Parent/Legal Guardian #1 Email Address:	
Parent/Legal Guardian #1 Cell Phone Number:	
Parent #1 Employer/Occupation:	
Parent/Legal Guardian #1 WorkPhone Number:	
Parent/Guardian #1 Employer Name & Address:	
Parent/Legal Guardian #2 Full Name:	
Parent/Legal Guardian #2 Relationship to Student:	
Does Parent/Guardian #2 reside in the same household as the student?:	
Parent/Guardian #2 Address (if different from the student's primary address):	
Parent/Legal Guardian #2 Email Address:	
Parent/Legal Guardian #2 Cell Phone Number:	
Parent/Legal Guardian #2 Work Phone Number:	
Parents' Marital Status:	<input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single <input type="radio"/> Widowed

## Siblings

Does your student have a sibling currently enrolled at the Utopian Academy for the Arts Network:	<input type="radio"/> Yes <input type="radio"/> No
Currently Enrolled Siblings - Please list names and grades of CURRENTLY ENROLLED siblings.	<div>_____</div> <div>_____</div> <div>_____</div>
List all additional siblings in the household who are <b>NOT ENROLLED at UAFA Network.</b> (Sibling(s) first & last name, grade, and school attending if applicable)	<div>_____</div> <div>_____</div> <div>_____</div>

## **Emergency Contacts**

In the event of an emergency, the parents/guardians listed above will be contacted first.

However, please provide the names and contact information for additional emergency contacts below. **Do not include parents or guardians in this list.**

**These contacts will also be authorized to pick up your student.**

Full Name	Telephone Contact	Relationship to student	Female/ Male
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

<b><u>Academic History</u></b>	
Please list your student's current feeder/ zoned school:	
If applicable, please list the names of any schools your child has attended:	
<b>Most Recent School</b> (city and state)	
Previous school's phone:	
Has your student ever been suspended?:	<input type="radio"/> Yes <input type="radio"/> No
Student's last date of attendance at the current/ previous school (MM/DD/YYYY):	
Has your student ever been expelled from school/ school district?:	<input type="radio"/> Yes <input type="radio"/> No
Does this student have a current or pending suspension?:	<input type="radio"/> Yes <input type="radio"/> No
Has this student ever undergone a tribunal process?:	<input type="radio"/> Yes <input type="radio"/> No

<b>Special Services</b>	
If your child has an Individualized Education Plan (IEP) or a 504 Plan, please submit a copy of the IEP or 504 Plan to the school prior to enrollment. This documentation is essential to ensure that your child receives the appropriate support and accommodations.	
Does the student currently have, or has the student ever had an Individualized Education Plan (IEP)?:	<input type="radio"/> Yes <input type="radio"/> No
Does the student currently have, or has the student ever had, a 504 Plan?: Or Has the student ever been eligible to receive gifted services?	<input type="radio"/> Yes <input type="radio"/> No 504 Plan ____ Gifted Eligible ____
Has the student received or is currently receiving services through ESOL (English for Speakers of Other Languages) or ELL (English Language Learners)?:	<input type="radio"/> Yes <input type="radio"/> No

## STUDENT HEALTH HISTORY & MEDICAL INFORMATION

This information is essential for the care of your child in the event of illness or injury and to address their health needs while at school.

- If your child requires medication during school hours, a licensed physician must complete our **Administration of Medication** form. Both the medication and the completed form should be submitted to the Academy nursing staff.
- Please note that students are not permitted to carry medication on their person unless explicitly authorized.

The information provided below is confidential and protected by federal law under the Family Educational Rights and Privacy Act (FERPA), 20 USC 1232g, as well as state law. Access to this information is restricted to school employees who have a legitimate educational reason to view it. In the event of a health-related emergency, emergency personnel may be granted access to this information.

Does your child have a medically diagnosed disability that is not addressed as part of an IEP/504?	<input type="radio"/> Yes <input type="radio"/> No
Has the student been diagnosed by a medical provider with any of the following:	<input type="radio"/> ADD/ ADHD <input type="radio"/> Food Allergy <input type="radio"/> Sting/ Environmental Allergy <input type="radio"/> Asthma <input type="radio"/> Diabetes <input type="radio"/> Social/ Emotional Behavior Disorder <input type="radio"/> Hearing Impediment <input type="radio"/> Heart Disorder <input type="radio"/> Epilepsy/ Seizures <input type="radio"/> Other: <input type="radio"/> None
Please respond to the items below regarding any medical conditions or needs related to your child as mentioned above:	<input type="radio"/> My child does not require medical services at school for any health condition(s) <input type="radio"/> My Child is currently under a Physician's care for a health condition(s) <input type="radio"/> My child has been diagnosed with a health condition but has been released from medical follow-up and will not need assistance with this condition. <input type="radio"/> My child takes medication at home before school. My child will need to take medication at school. My child has doctor-ordered medical procedures needed at school- e.g. insulin, EpiPen, nebulizer, medication.
Does the student require any of the following self-carry medications?	<input type="radio"/> EpiPen <input type="radio"/> Inhaler <input type="radio"/> Other <input type="radio"/> None

### Parental Permission for Medical Care

As your child is a minor, the law requires parental permission before any medical procedures can be performed. We ask that a parent or guardian sign this permission form to ensure that prompt medical care can be provided to your child in the event of a minor illness or injury while they are under the care of Utopian Academy for the Arts.

This includes basic first aid measures such as taking a temperature, applying ice to an injury, cleaning a minor cut, and applying a band-aid. For more serious situations, transportation to medical care will be arranged, either by a parent or by ambulance if necessary.

**I GIVE PERMISSION FOR UTOPIAN ACADEMY FOR THE ARTS (UAFA) TO PROVIDE FIRST AID TO MY CHILD AS DEEMED NECESSARY.**

Sign \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Acknowledgment

I understand that in the event of an emergency, if I cannot be reached, 911 will be called, and my child will be taken to the nearest hospital.

Sign \_\_\_\_\_ Date \_\_\_\_\_

In order to ensure your child's safety in taking medicine at school please review the following requirements and check the box acknowledging your acceptance of UAFA's policies.

-No medication will be administered or self-administered at school without a Medication Form completed and signed by the parent/guardian and the child's health care provider.

-The medication must be delivered to the school in a pharmacy-labeled container with clear instructions.

-Medical information will be shared with school staff on a need-to-know basis to ensure the health and safety of your child.

Sign \_\_\_\_\_ Date \_\_\_\_\_



### Non-Discrimination Notice

Utopian Academy for the Arts recognizes the diversity and worth of all individuals and groups in our society. It is the policy of the Utopian Academy for the Arts that all educational programs, activities and employment will be free of discrimination or harassment on the grounds of race, color, religion, gender, gender identity, sexual orientation, national origin, disability, parental or marital status, or age.

### Residency Notice

To be enrolled in the Utopian Academy for the Arts Charter Schools, students must reside full-time in Clayton County with their natural parent(s), Legal guardian(s), or legal custodian(s) Students and their parent(s)/guardian(s)/ custodian(s) must remain full time Clayton County Residents for the entire period of enrollment in the Utopian Academy for the Arts Charter School.

For the Purpose of this a policy, resident is defined as :

(A) [applies to Elementary school, Middle school -Ellenwood, or High School applicants] an individual who is a full-time occupant of a dwelling and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the county but does not reside in the county, is not considered a resident for the purpose of this policy.

or

(B) [applies to Trilith applicants] an individual who is a full-time occupant of a dwelling and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the state of Georgia but does not reside in Georgia is not considered a resident for the purpose of this policy.

Student enrollment forms, as well as other official documents of the school, must be by signed the natural parent or legal guardian with whom the student resides. Educational decisions concerning the child are reserved for the enrolling parent, although both parents can be involved in the process. If there is disagreement between the two parties, the enrolling parent's decision will be the governing decision.

**False Swearing Notice (O.C.G.A.16-10-71) (a)** A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any manner or thing other than a judicial proceeding, he knowingly and willfully makes a false statement. (b) A person convicted of the offense of false swearing shall be punished by fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both.

I hereby affirm, by my signature, that I am either the parent or guardian of the student being enrolled. I hereby affirm that the applicant is:

a FULL TIME resident of Clayton County                      Initial Here \_\_\_\_\_  
and/ or

a FULL TIME resident in the State of Georgia                      Initial Here \_\_\_\_\_

and the information I have given in this document is, to the best of my knowledge, true and correct. I am that all information provided is true, accurate and up-to-date Any false statement subjects the student to immediate withdrawal.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Questions? Contact Us.

**Elementary Academy:**

470-568-5344  
albert.thomas@utopianacademy.com  
2750 Forest Parkway, Ellenwood, GA 30294

**Middle Academy- Ellenwood:**

470-446-1070  
angelic.fox@utopianacademy.com  
2750 Forest Parkway, Ellenwood, GA 30294



**Middle Academy@Trilith:**  
470-500-1937

UTOPIAN  
ACADEMY FOR THE ARTS  
CHARTER SCHOOLS NETWORK

470-500-1937  
angelic.fox@utopianacademy.com  
or  
enrollment@utopianacademy.com  
255 Veterans Parkway, Fayetteville, GA 30214

**High School Academy- Morrow:**

470-568-4464  
latosha.lawrence@utopianacademy.com  
2299 Old Rex Morrow Road, Morrow, GA 30260

**Thank you for Choosing Utopian Academy for the Arts Charter Schools Network**



**UTOPIAN ACADEMY FOR THE ARTS MIDDLE SCHOOL**  
**Georgia Home Language Survey**  
**Notice to Parents and Guardians**

**Student name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Georgia school systems are required<sup>1</sup> to collect your responses<sup>2</sup> to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents. Information from the three *Home Language Survey questions* and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for English learner status and services in our language instruction educational program.

Purpose of Questions	Questions & Parent/Guardians Responses
<b>Communication Preferences</b>  This question helps the school provide you with an interpreter or translated documents, free of charge, should you want them.  This question is for informational purposes only. It is <b>not</b> used to identify your child for English language proficiency screening.	<b>Parent Communication Language (Required)</b>  <ul style="list-style-type: none"> <li>In which language would you prefer to receive school communication?</li> </ul> <p>_____</p>

<b>Identification of Potential English Learners</b>  These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.  When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.	<b>Home Language Survey (Required)</b>  <ol style="list-style-type: none"> <li>Which language does your child <u>best</u> understand and speak? _____</li> <li>Which language does your child <u>most</u> frequently speak at home? _____</li> <li>Which language do adults in your home <u>most</u> frequently use when speaking with your child? _____</li> </ol>
--	---

<b>Additional Information from Multilingual Families</b>  If you indicated that your child and other adults in the home <b><i>understand and use English and another language</i></b> or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.  If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.	<b>Additional Information from Multilingual Families. Choose <u>only one sentence</u> that best describes your child's primary language.</b>  <input type="checkbox"/> My child understands and uses only the home language and <b>no English</b> . <input type="checkbox"/> My child understands and uses mostly the home language and <b>a little English</b> . <input type="checkbox"/> My child understands and uses the home language and English <b>equally</b> . <input type="checkbox"/> My child understands and uses <b>mostly English</b> and only a little of the home language. <input type="checkbox"/> My child understands and uses <b>only English</b> .
--	---

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> [U.S. Department of Justice, Civil Rights Division, and U.S. Department of Education, Office for Civil Rights, 7 January 2015, Dear Colleague Letter: English Learner Students and Limited English Proficient Parents, p. 10.](#)

<sup>2</sup> The Home Language Survey should be given to first time enrollees to United States public schools.

# UTOPIAN ACADEMY FOR THE ARTS MIDDLE SCHOOL

## Encuesta de Georgia sobre el idioma en el hogar

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Aviso para padres/tutores:

Los sistemas escolares de Georgia están obligados a<sup>1</sup> recopilar sus respuestas a<sup>2</sup> las preguntas en relación con el idioma preferido para la comunicación escolar y sobre la lengua materna o que se habla en el hogar del/de la niño/a. La información de la primera pregunta se utiliza para identificar su necesidad de un intérprete o documentos traducidos. La información de las tres preguntas de la encuesta sobre el idioma en el hogar (*En inglés: Home Language Survey*) y la información adicional nos ayuda a determinar si es necesario evaluar el nivel de dominio del inglés de su hijo/a. El proceso de evaluación identificará si el/la niño/a reúne los requisitos para el término de aprendizaje de inglés y recibir servicios en nuestro programa educativo de enseñanza de inglés.

Objetivo de las preguntas	Preguntas y respuestas de los padres y tutores
<b>Preferencias de comunicación</b>  Esta pregunta ayuda a la escuela a proporcionarle un intérprete o documentos traducidos, sin cargo, si lo desea.  Esta pregunta es solo <u>con fines informativos</u> . <b>No</b> se utiliza para identificar a su hijo/a para una prueba del dominio del inglés.	<b>Idioma de comunicación de los padres y tutores</b> (Favor de contestar.) <ul style="list-style-type: none"><li>¿En qué idioma prefiere recibir la comunicación escolar? _____</li></ul>

<b>Identificación de posibles aprendices de inglés</b>  Estas tres preguntas ayudan a las escuelas a identificar si su hijo/a debe ser evaluado/a para determinar la elegibilidad para participar en el programa educativo de enseñanza del idioma.  Cuando la respuesta a cualquiera de estas preguntas sea un idioma distinto del inglés, las escuelas pueden verse obligadas a evaluar el nivel dominio del inglés de su hijo/a. Si responde en más de un idioma, la escuela necesitará más información antes de tomar esta decisión.	<b>Encuesta sobre el idioma en el hogar</b> (Favor de contestar.) <ol style="list-style-type: none"><li>¿Qué idioma entiende y habla <u>mejor</u> su hijo/a? _____</li><li>¿Qué idioma utiliza su hijo/a con <u>mayor</u> frecuencia en el hogar? _____</li><li>¿Qué idioma utilizan con <u>mayor</u> frecuencia los adultos en su hogar al hablar con el/la niño/a? _____</li></ol>
--	---

<b>Información adicional para familias multilingües</b>  Si indicó que su hijo/a y otras personas adultas en su hogar <b>entienden y utilizan el inglés y otro(s) idioma(s)</b> , las escuelas le solicitarán que proporcione más información para decidir si se debe evaluar el dominio del inglés de su hijo/a.  Si responde que su hijo/a entiende y utiliza el inglés con mayor frecuencia que el idioma que se habla en el hogar, o que su hijo/a entiende y utiliza tanto el inglés como el idioma que se habla en el hogar por igual, la escuela no evaluará el dominio del inglés de su hijo/a.	<b>Información adicional para familias multilingües.</b> (Elija <u>solo una frase</u> que mejor describa el idioma principal de su hijo/a.) <ul style="list-style-type: none"><li><input type="checkbox"/> Mi hijo/a solo entiende y utiliza el idioma que se habla en el hogar, <b>no el inglés</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza principalmente el idioma que se habla en el hogar y <b>un poco de inglés</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza el idioma que se habla en el hogar y el inglés <b>por igual</b>.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza <b>principalmente el inglés</b> y solo un poco del idioma que se habla en el hogar.</li><li><input type="checkbox"/> Mi hijo/a entiende y utiliza <b>solo el inglés</b>.</li></ul>
---	--

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> [Departamento de Justicia de EE. UU., División de Derechos Civiles, y Departamento de Educación de EE. UU., Oficina de Derechos Civiles, 7 de enero de 2015, Carta Estimados Colegas \(Dear Colleague Letter\): Aprendices de inglés y padres con dominio limitado del inglés, p. 10.](#)

<sup>2</sup> La encuesta del idioma que se habla en el hogar debe realizarse a los estudiantes que se matriculan por primera vez en las escuelas públicas de EE. UU.

School District: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent Occupational Survey

Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C.

☐ Parent declined to complete form. \_\_\_\_\_ Parent initials

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
- Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

**If you answer "yes", check all that applies:**

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank You! Please return this form to the school

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeethan  
Phone: 470-763-1137  
[rmcKeehan@doe.k12.ga.us](mailto:rmcKeehan@doe.k12.ga.us)

GaDOE Region 2 MEP, Pearl Barker  
Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto:PBarker@doe.k12.ga.us)

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer





School District: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent Occupational Survey

**Please complete this form to determine if your child(ren) qualify to receive supplemental services under Title I, Part C**

Name of Student(s)	Name of School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years? ☐ Yes ☐ No
2. Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

**If you answer "yes", check all that applies:**

- ☐ 1) Planting/Picking vegetables (tomatoes, squash, onions, etc.) or fruits (grapes, strawberries, blueberries, etc.)
- ☐ 2) Planting, growing, cutting, processing trees (pulpwood), or raking pine straw
- ☐ 3) Processing/Packing agricultural products
- ☐ 4) Dairy/Poultry/Livestock
- ☐ 5) Packing/Processing meats (beef, poultry, or seafood)
- ☐ 6) Commercial fishing or fish farms
- ☐ 7) Other (Please specify occupation): \_\_\_\_\_

Names of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You! Please return this form to the school**

Please maintain original copy in your files.

MEP funded school/district: Please give this form to the migrant liaison or migrant contact for your school/district.

Non-MEP funded (consortium) school/districts: When at least one "yes" and one or more of the boxes from 1 to 7 is/are checked, districts should email, always through the DOE's Portal, occupational surveys to the Regional Migrant Education Program Office serving your district. For additional questions regarding this form, please call the MEP office serving your district:

GaDOE Region 1 MEP, Rose McKeehan  
Phone: 470-763-1137  
[rmckeehan@doe.k12.ga.us](mailto:rmckeehan@doe.k12.ga.us)

GaDOE Region 2 MEP, Pearl Barker  
Phone: 470-763-1138  
[PBarker@doe.k12.ga.us](mailto:PBarker@doe.k12.ga.us)

Family Contacted/Attempt Date: \_\_\_\_\_

Sent to Regional Office on: \_\_\_\_\_

1562 Twin Towers East • 205 Jesse Hill Jr. Drive • Atlanta, GA 30334 • [www.gadoe.org](http://www.gadoe.org)

Richard Woods, Georgia's School Superintendent

An Equal Opportunity Employer

