



OFFICE, PLEASE GIVE TO MRS. KATHI BEAVERS
Western Arkansas Education Service Co-op Questionnaire

STUDENT'S NAME _____ **GRADE** _____

PARENT/GUARDIAN NAME _____

PHONE # _____ **MESSAGE/CELL PHONE#** _____

HOME ADDRESS _____

CITY/STATE _____ **ZIP CODE** _____

HAS YOUR FAMILY MOVED ACROSS A SCHOOL DISTRICT LINE WITHIN THE PAST THREE YEARS TO LOOK FOR OR DO ANY TYPE OF AGRICULTURAL WORK?

YES _____ **NO** _____

Thank you for taking the time to fill out this questionnaire.

Mrs. Kathi Beavers
Migrant Interventionist
Clinton Public Schools





OFFICE, PLEASE GIVE TO MRS. KATHI BEAVERS
Western Arkansas Education Service Co-op Questionnaire

NOMBRE DE EL ESTUIDANTE _____ GRADO _____

NOMBRE DE LOS PADRES _____

TELEFONO _____ MESSAGE/CELLULAR _____

DOMICILIO PARTICULAR _____

CIUDAD/ESTADO _____ CODIGO POSTAL _____

**¿HA MOVIDO SU FAMILIA A TRAVES DE UNA LINEA de DISTRITO de ESCUELA
WITHING EL POR DELANTE DE TRES AÑOS para BUSCAR O ESCRIBE A MAQUINA
CUALQUIERA DE el TRABAJO AGRICOLA?**

SI _____ NO _____

Gracias por tomar el tiempo de llenar este cuestionario.

Mrs. Kathi Beavers
Intervencionista migratorio
Clinton Public Schools

