



31 South Penn Street ▪ P.O. Box 328 ▪ Allentown, PA 18105
Administration Center ▪ 484-765-4096 ▪ Fax: 484-765-4085

KRISTIN KRUGER
Assistant Superintendent
krugerk@allentownsd.org

Dear Parents or Guardians,

The Pennsylvania Migrant Education Program has asked the Allentown School District to distribute this survey to determine if your family is eligible for any of its services. Completion of this survey is completely voluntary on your part. The Pennsylvania Migrant Education Program operates independently and is not affiliated with the Allentown School District.

If you choose to complete the survey, please return it to:

Pennsylvania Migrant Education
P.O. Box 1002
Millersville, PA 17551-0302

Thank you.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kristin Kruger', is written over a light blue horizontal line.

Kristin Kruger
Assistant Superintendent

Enclosure

Pennsylvania Migrant Education Program
Millersville University • Mifflin House
P.O. Box 1002 • Millersville, PA 17551-0302
717-872-3678



Dear Parent or Guardian,

The Pennsylvania Migrant Education Program works with local school districts to provide supplemental educational services to eligible children. In order to determine if your child is eligible to receive these services, please answer the following questions. Thank you.

Have you moved in the last 3 years?

Yes No

Have you moved from one school district to another in the last 3 years?

Yes No

Is there anyone under the age of 22 living with you?

Yes No

Are you under the age of 22?

Yes No

Have you or anyone else living with you tried to find work in any job related to agriculture, for example at food processing plants, (such as Hatfield, Mopac, Pilgrims Pride, etc.) a greenhouse, a tree farm, or other, in the past 3 years?

Yes No

Parents Name _____

Address _____
House number, Street and Apt # if applicable City

Telephone number _____

Please sign below giving your school district permission to release this information to a Pennsylvania Migrant Education Program staff member to determine your eligibility. This information is completely confidential and will not be used for any other purpose. Thank you.

Signature of parent _____ Date _____