

**IMPACT AID PROGRAM SURVEY FORM
MARIETTA PUBLIC SCHOOLS
2019-2020 SCHOOL YEAR**

Survey Date: September 24, 2019

Name of Pupil: _____
Last
First
Middle
Birthdate
Grade

Name of School enrolled in: _____

Pupil's Address: _____
Street/R.F.D.
City
State
Zip

IF MORE THAN ONE CHILD LIVES AT THE SAME ADDRESS, PLEASE LIST CHILD'S NAME AND WRITE "SAME" IN ADDRESS

Name of Pupil: _____
Last
First
Middle
Birthdate
Grade

Name of School enrolled in: _____

Pupil's Address: _____
Street/R.F.D.
City
State
Zip

Is the above address:

- A. On Restricted___ or Trust___ Land If Yes, Section/Township/Range_____ Yes___No___
 B. A Chickasaw Tribal Housing Authority House or Property Yes___No___

EMPLOYMENT DATA:

Was either parent/guardian with whom student resides **EMPLOYED** on Federal Property on September 24, 2019 :

- Border Casino, 22953 Brown Springs Rd., Thackerville, OK 73459 Yes___No___
- Chickasaw Nation Gaming Center, Thackerville, OK 73459 Yes___No___
- Chickasaw Nation Hdqrs Office, 300 E. Arlington, Ada, OK 74820 Yes___No___
- Chickasaw Nation Health Services, 1005 Country Club Rd., Ada, OK 74820 Yes___No___
- Chickasaw Nation Lighthorse Police Dept., 1130 W. Main St., Ada, OK 74820 Yes___No___
- Chickasaw Nation Medical Center, 1921 Stonecipher Blvd, Ada, OK 74820 Yes___No___
- Choctaw Bingo Palace, 4216 S. Hwy 69, Durant, OK 74701 Yes___No___
- Gold Mountain Casino, 1410 Sam Noble Pkwy, Ardmore, OK 73401 Yes___No___
- Thackerville Travel Plaza & Casino, 1410 Sam Noble Parkway, Thackerville, OK 73459 Yes___No___
- Winstar Casino, 777 Casino Ave. & I-35, Thackerville, OK 73459 Yes___No___
- Winstar Hotel, 777 Casino Ave. & I-35, Thackerville, OK 73459 Yes___No___

Was either parent/guardian with whom pupil resides employed on "other" Federal Property: Yes___No___
 If yes, give name and address of employer: _____

Name Address

1. Name of parent/guardian as it appears on the payroll: _____

UNIFORMED SERVICES:

Was either parent/guardian on **ACTIVE** duty in the Uniformed Services on September 24, 2019:
 Yes___No___ If yes, give name, rank and branch of service:

Name	Rank	Branch of Service

***By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.**

→ Signature of Parent/Guardian _____ →
 Date _____

Marietta Public Schools
800 South 4th Avenue
Marietta, OK 73448
(580) 276-9444

Dear Parents:

We need your help to complete our Impact Aid application!

Data gathered with the attached survey will provide us the information needed to file our application for funding through this federal program. The Impact Aid program could produce significant revenue that would enhance the educational opportunities for children attending Marietta Public Schools.

We hope you will take a moment to respond to the survey, and return the survey form to your child's school as soon as possible. You can be assured that the individual information you provide will be held in strict confidence.

Thank you in advance for your help in this important effort to provide increased educational opportunities for our students.

Sincerely

Brandi Naylor, Superintendent