

IMPACT AID PROGRAM SURVEY FORM

Survey Date \_\_\_\_\_

1. Name of pupil \_\_\_\_\_  
First Middle Last

2. Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Phone Number \_\_\_\_\_

3. School attended \_\_\_\_\_

4. Residence (please use 911 address) \_\_\_\_\_

5. If residence is on federal property, check below which best describes that property:

\_\_\_\_\_ Sunrise Housing  
(include house number)

\_\_\_\_\_ North Housing  
(include house number)

\_\_\_\_\_ Allen Housing  
(include house number)

\_\_\_\_\_ Martin Housing Authority

\_\_\_\_\_ Indian Property/ALLOT # ( If residence on trust land please describe the location-legal description if possible)

\_\_\_\_\_ Lacreek Refuge

6. Parent or guardian place of employment: \_\_\_\_\_

7. Occupation of parent : \_\_\_\_\_

8. Name and address of employer: \_\_\_\_\_

9. Did parent or guardian of student in the Bennett County Schools 3-1 farm or ranch on leased federal property? \_\_\_\_\_ Yes \_\_\_ No Question ten (10) should also be answered if parent/guardian of student was employed by someone who farms or ranches federal property.

10. Address or description of federal property on which parent farmed/ranched. Please include a copy of your lease for this federal property.  
\_\_\_\_\_  
\_\_\_\_\_

The above information is the basis for payment to the Bennett County School District of federal funds under the Impact Aid Program, and *may* be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. Thank you  
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.

11. \_\_\_\_\_  
Signature of parent or guardian with whom pupil resides Date