## Impact Aid Program Survey Form Quinton Public Schools 2020-2021 School Year

Survey Date: September 1, 2020

Student Name:					
Last	First	M.I.	Birthdate		Grade
Student Address:			~··	<b>2</b> :	77:
School Name:			City	State	Zip
IF MORE THAN ONE CHILD LIVES AT	THE SAME ADDRESS, L	IST CHILD'S NAME AND	ENTER "SAME	" ON ADDRES	S LINE
Student Name:	•				
Last	First	M.I.	Birtl	hdate	Grade
Student Address:					
School Name:			City	State	Zip
Is the above property: A. On Restricted or Trust B. A Choctaw Tribal Housing Auth	_ Land If Yes, Sectio	on/Township/Range			YesNo_ YesNo_
If yes, give name and add	Nam	ne			Address
Name of parent/guardian	as it appears on the pay	/roll:			
UNIFORMED SERVICES: Was either parent/guardian on ACT Yes_No If yes, give name, rank			otember 1, 202	0:	
Name	Rank		Branch of Service		
*By signing this form, I am certifyi	ing that all typed and w	ritten information on t	this form is acc	curate and co	mplete as
of the survey date.					•
Parent/Guardian Signature		<del></del>	Date.		

## 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 Quinton 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

Todd Wilson, Superintendent