Woodall Public Schools (11-CO21)

14090 W 835 RD, Tahlequah, OK 74464

Impact Aid Survey Form

The survey date is <u>November 2, 2020</u> All boxes must be filled in with complete and accurate information if applicable.

STUDENT INFORMATION – LI	VE ON FEDERAL PROP	ERTY				- £9
Student's Last Name	First Name		M.I. Date of Birth Grade		School Name	
4.1						
Address		City			State	Zip Code
- F4						
TO.1		l			1	(6)
If the above property is a federal property, enter the name of the property.						
Fill in the above boxes with complete and accurate information						
PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN						
Enter information in this section reg	garding the parent/guardian i	if 1) neither pare	nt/guardian with	whom the st	udent resided	d was on active duty in the
Uniformed Services of the United S the parent/guardian reported to work record.	states and 2) either parent/gu	ardian with who	n the student resi	ded was em	ployed on fe	deral property, or 3) either
Parent/Guardian's Last Name	First Name and M.I.		Name of Parent/Guardian's Employer			
Name of federal property						
ivalue of rederal property						
Address of federal property		City			State	Zip Code
TRUE L. AL L L	4	I			1	1 , '
Fill in the above boxes with compl	ete and accurate informati	on	17			57.)
	The second secon					per a construction of the second of the seco
PARENT/GUARDIAN EMPLOY	MENT INFORMATION:	UNIFORMED	SERVICES	N/		
Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on the						
survey date.						
Parent/Guardian's Last Name	First Name and M.I.	Bran	ch of Service		Rank	
	95.0 0 0 =		- F			
Fill in the above boxes with compl	ete and accurate informati	on				
Till ill the above boxes with compl	ete and accurate miorman	OII				
PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY						
Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer on the survey date.						
8	L 71 . 32	- 1 -	1 00)			
Parent/Guardian's Last Name	First Name and M.I.	Bran	ch of Service.		Rank	
Name of Foreign Government						
Fill in the above boxes with complete and accurate information						
N 128						
This information is the basis for pay	ment to your school district	of federal funds	under the Impact	Aid Program	(Title VIII	of the Elementary and
Secondary Education Act), and may be provided to the U.S. Department of Education if your school district's application for payment is audited.						
This form must be signed and dated					FF	F 7

* 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.

Date

⇒ Signature of Parent/Guardian