



**FEDERAL IMPACT AID
STUDENT-PARENT SURVEY
October 4, 2022**

The purpose of this survey is to assist our public schools in applying for much needed financial assistance under existing federal laws for the operation of public schools. Please complete and sign the survey and have your child return it to the teacher immediately. This information will be kept confidential. Your cooperation is greatly appreciated.

Thank you, Dr. Kenneth Bradshaw, Superintendent of Richmond County Schools

| | |
|----------------------------------|-------------|
| School _____ | Grade _____ |
| Teacher _____ | |
| Special Needs Program _____ | |
| Current Effective IEP Date _____ | |

STUDENT INFORMATION

- A**
1. Student's Last Name _____ First Name _____ MI _____ Date of Birth _____
 2. Home Address _____ City _____ State _____ Zip Code _____ Phone _____

ADDRESS LOCATION

- B**
1. Is the above home address located on Fort Gordon's military base? Yes ___ No ___
 2. If the above home address is located in one of these federal housing communities, please check which Property and Sign below:

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Allen Homes | <input type="checkbox"/> Barton Village | <input type="checkbox"/> Dogwood Terrace | <input type="checkbox"/> Jennings Homes |
| <input type="checkbox"/> M. M. Scott Complex | <input type="checkbox"/> Oak Pointe | <input type="checkbox"/> Olmstead Homes | <input type="checkbox"/> Richmond Hill Overlook Apts. |

(Signature Required in Section G)

LIST ALL OTHER SCHOOL-AGE SIBLINGS WITH SAME HOME ADDRESS AND PARENT/GUARDIAN

- C**
- | | | | | |
|-----------------|-------------|-----------|--------------|-------------|
| Last Name _____ | First _____ | DOB _____ | School _____ | Grade _____ |
| Last Name _____ | First _____ | DOB _____ | School _____ | Grade _____ |
| Last Name _____ | First _____ | DOB _____ | School _____ | Grade _____ |
| Last Name _____ | First _____ | DOB _____ | School _____ | Grade _____ |
| Last Name _____ | First _____ | DOB _____ | School _____ | Grade _____ |

FULL-TIME ACTIVE DUTY PARENT/GUARDIAN in UNIFORMED SERVICES

*(DO NOT Include Members of National Guard)

- D**
1. Was Parent/Guardian of the above child FULL-TIME, ACTIVE DUTY MILITARY on OCTOBER 4, 2022? If "yes", fill out #2. Yes ___ No ___
 2. Parent/Guardian's Last Name _____ First Name and M.I. _____ Branch of Service _____ Rank _____

(Signature Required in Section G)

CIVILIAN PARENT/GUARDIAN EMPLOYED on FEDERAL PROPERTY

- E**
1. Was Parent/Guardian Employed on Federal Property or Reported to work on Federal Property on OCTOBER 4, 2022? Yes ___ No ___
 2. If "Yes", enter employed Parent/Guardian's (Last Name) _____ (First Name) _____ (MI) _____
 3. Name of Federal Property on which Parent/Guardian reports to work:

| | |
|---|--|
| <input type="checkbox"/> Fort Gordon, GA | <input type="checkbox"/> Army Reserve Center #2 - 3311 Wrightsboro Road, Augusta, GA |
| <input type="checkbox"/> VA MEDICAL CENTER - 950 15th St., Augusta, GA | <input type="checkbox"/> VA HOSPITAL - LENWOOD - Wrightsboro Road, Augusta, GA |
| <input type="checkbox"/> U. S. Courthouse - E Ford & Telfair St., Augusta, GA | OTHER _____ |

4. Name/Address/Bldg. of Federal Property _____ City _____ State _____ Zip _____

5. Write in name of payroll office _____
Company, Contractor, Subcontractor, Dept. or Agency (Example: Ft. Gordon: Dept. of Army or Central Fund)

(Signature Required in Section G)

PARENT/GUARDIAN is both an ACCREDITED FOREIGN GOVERNMENT OFFICIAL and a FOREIGN MILITARY OFFICER as of October 4, 2022

- F**
1. Parent/Guardian's Last Name _____ First Name and M.I. _____ Branch of Service _____ Rank _____
 2. Name of Foreign Government _____

(Signature Required in Section G)

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

Signature of Parent/Guardian _____ Date _____