



**FEDERAL IMPACT AID  
STUDENT-PARENT SURVEY  
October 6, 2020**

The purpose of this card 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. 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.
 

Allen Homes	Barton Village	Dogwood Terrace	Jennings Homes
M. M. Scott Complex	Oak Pointe	Olmstead Homes	Richmond Hill Overlook Apts.

*(Signature Required in Section G)*

**3. List all other school-age siblings in household:**

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

**FULL-TIME ACTIVE DUTY PARENT/GUARDIAN in UNIFORMED SERVICES**

- D**
1. Was Parent/Guardian of the above child FULL-TIME, ACTIVE DUTY MILITARY on OCTOBER 6, 2020? Yes \_\_\_ No \_\_\_  
If yes, fill out #2.
  2. Parent/Guardian's Last Name \_\_\_\_\_ First Name and M.I. \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

*(Signature Required in Section G)*

**CIVILIANS EMPLOYED on FEDERAL PROPERTY in RICHMOND COUNTY/GEORGIA (Child MUST reside with federally connected parent)**

- E**
1. Was Parent/Guardian a CIVILIAN employed FULL-TIME on Federal Property on OCTOBER 6, 2020? 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:
 

Fort Gordon, GA (CIVILIAN Employed)	Army Reserve Center #2 - 3311 Wrightsboro Road, Augusta, GA
VA MEDICAL CENTER - 950 15th St., Augusta, GA	VA HOSPITAL - LENWOOD - Wrightsboro Road, Augusta, GA
U. S. Courthouse - E Ford & Telfair St., Augusta, GA	OTHER _____

4. Name/Address/Bldg. of Federal Property \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Including Fort Gordon)
5. Write in name of payroll office \_\_\_\_\_ Phone \_\_\_\_\_

*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 6, 2020**

- 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** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_