



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 _____