

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	

	First Name		MI Date of Birth
Address	City	StateZip	Code Phone
DDRESS LOCATION			
Is the above home address located on Fort	Gordon's military base?	Yes No	
If the above home address is located in one	of these federal housing co	mmunities, please check which Pr	operty.
Allen Homes	Barton Village	Dogwood Terrace	Jennings Homes
M. M. Scott Complex	Oak Pointe	Olmstead Homes	Richmond Hill Overlook Apts.
	(Signature Req	uired in Section G)	
List all other school-age siblings in househ	old:		
Name	DOB	School	Grade
Name	DOB	School	Grade
Name	DOB	School	Grade
Name	DOB	School	Grade
Name	DOB	School	Grade
Name	DOB	School	Grade
If yes, fill out #2.	•	·	
If yes, fill out #2.	First Name and	M.I Branch of	
If yes, fill out #2. Parent/Guardian's Last Name	First Name and	M.I Branch of vuired in Section G	
If yes, fill out #2. Parent/Guardian's Last Name VILIANS EMPLOYED on FEDERAL PROPERTY	First Name and (Signature Req in RICHMOND COUNTY/GEO	M.I Branch of wired in Section G)  DRGIA (Child MUST res	ServiceRank
If yes, fill out #2.  Parent/Guardian's Last Name  VILIANS EMPLOYED on FEDERAL PROPERTY  Was Parent/Guardian a CIVILIAN employed F	First Name and  (Signature Reg in RICHMOND COUNTY/GEO FULL-TIME on Federal Prope	M.I Branch of varied in Section G)  DRGIA (Child MUST reserty on OCTOBER 5, 2021?	Service Rank side with federally connected parent) Yes No
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