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## **MADISON CITY SCHOOLS IMPACT AID PARENT-PUPIL SURVEY**

Please provide all information as of the OFFICIAL SURVEY DATE, September 19, 2019

PLEASE COMPLETE A SEPARATE FORM FOR <i>EACH</i> SCHOOL AGE CHILD.								
I. STUDENT INFORMATION	Student's Last Name	First Name	MI	Date of Birth	Grade	School		
Please complete the information to the right on each child.	Home Address (comp	Zip Code  Grade Same Address?						
Does student have an IEP? (not gifted)	Y N Y N Y N Y N Y N Y N Y N Y N Y N Y N							
II. ADDRESS Is the address in box I on Federal Property?  [] Yes [] No	If yes, please check one.  Triana Housing: [] 7th Street [] 8th Street [] Record Street [] Record Street [] Some qualifying Zierdt Rd. addresses							
III. PARENT INFORMATION  Was mother, father, stepmother, stepfather, or legal guardian, with whom the student resides, employed on Federal property anywhere in Alabama on September 19, 2019?  [] Yes [] No	If yes, please provide	NAME of PARENT/GUARDIAN working on Redstone Arsenal or other Federal Property list  Name						
	parent and his/her employer's complete name and address in the spaces provided.    Augusta   Aug	ress Where Parent/Guardi et :	ZIP:	k: Address V Street:  City: an listed above v  [] [] [] [] [] [] [] [] [] [] [] [] []	works. (Please Works. (Please TVA Power TVA Power TVA Power TVA Power TVA Power TVA Power	ZIP:  The check one for each parent/guardian.)  The Training Center  Service Center, Farley  Service Center, Guntersville  Service Center, Huntsville  Service Center, Muscle Shoals  Service Center, Scottsboro  Service Center, Widows Creek  Service Center, Woodson		
IV. UNIFORMED SERVICES  Was either parent/guardian an active duty member of the uniformed services on September 19, 2019?  [] Yes [] No	If yes, please check one AND write the name of parent on active duty and list their rank.  ACC Arm Guan NAI  [] U [] N [] N [] O	y, Air Force, Navy, Coa d, or Reserves please p	exmed Service  Ist Guard, Foreign  Tovide a copy of a copy  Tovide a copy of a copy of a copy  Tovide a copy of a copy of a copy  Tovide a copy of a copy of a copy  Tovide a copy of a copy of a copy of a copy  Tovide a copy of a co	n Military, Nation orders)  R Corps lard ard Title 32	Parents of nail Guard of ANK  [] [] [] [] [] [] [] [] [] [] [] [] [] [	n ACTIVE DUTY in the or Reserve. (If National  (Required)  US Air Force Foreign Military Reserve		
V. SIGNATURE AND DATE	By signing this form, I certify that the above information is true and correct as of September 19, 2019							
Please sign and date.	Signature of Parent/GuardianDate							

## Madison City Schools 211 Celtic Drive Madison, Alabama 35758

September 19, 2019

Dear Parent:

The Madison City Schools are entitled to certain federal monies if either mother, father or guardian of a student is employed on certain FEDERAL PROPERTIES, is on active, full-time duty in the UNIFORMED SERVICES, if they live in a FEDERAL HOUSING PROJECT, or any combination of these requirements.

To collect this money, Madison City Schools must be able to substantiate our claim with information requested on the form on the back of this letter.

Please fill out Student Information on the Impact Aid Program Survey Form.

- 1. One form should be filled out for each student that is attending the Madison City Schools. Remember to SIGN and DATE the bottom of the form.
- 2. Federal Housing Please see List of Federal Housing streets on survey form. Please check yes or no then sign and date bottom of the form.
- 3. If either parent or guardian is a civilian employed on federal property including Redstone Arsenal, MSFC, TVA or other federal property, fill in the Civilian Information then sign and date the bottom of the form.
- 4. If either parent or guardian is on active duty in the uniformed services, fill in the Uniformed Services Information then sign and date the bottom of the form.
- 5. If either parent or guardian is on active duty and an officer in the foreign military, fill in the Foreign Military Information then sign and date the bottom of the form.
- 6. If none of the questions apply, fill the Student Information section and sign and date the bottom of the form and return to your child's school so they will know that you have seen the Survey Form and it does not apply to you.

The information requested is the minimum information required by the Federal Government in order to receive money for operating our schools. Your help is needed to obtain these necessary funds.

Please fill out this form, sign and date it, and have your child return it to the school by 9/27/19.

Mr. Robert Parker Superintendent

Thank you