

Please return completed form by **Tuesday, September 25, 2018**

Homeroom  
Teacher \_\_\_\_\_

# MADISON CITY SCHOOLS

## IMPACT AID PARENT-PUPIL SURVEY

Please provide all information as of the **OFFICIAL SURVEY DATE, September 20, 2018.**

**PLEASE COMPLETE A SEPARATE FORM FOR EACH SCHOOL AGE CHILD.**

<b>I. STUDENT INFORMATION</b>  Please complete the information to the right on each child.	Student's Last Name _____ First Name _____ MI _____ Date of Birth _____ Grade _____ School _____
	Home Address (complete) _____ City _____ State _____ Zip Code _____
	Other Children attending Madison City Schools _____ Date of Birth _____ School _____ Grade _____ Same Address? Y <input type="checkbox"/> N <input type="checkbox"/> _____ Y <input type="checkbox"/> N <input type="checkbox"/> _____ Y <input type="checkbox"/> N <input type="checkbox"/> _____ Y <input type="checkbox"/> N <input type="checkbox"/>
Does student have an IEP? (not gifted) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>II. ADDRESS</b> Is the address in box I on Federal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please check one. Triana Housing: <input type="checkbox"/> 7th Street <input type="checkbox"/> 8th Street <input type="checkbox"/> Record Street <input type="checkbox"/> Some qualifying Zierdt Rd. addresses
<b>III. PARENT INFORMATION</b>  Was mother, father, stepmother, stepfather, or legal guardian, with whom the student resides, employed on Federal property anywhere in Alabama on September 20, 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide name of parent and his/her employer's complete name and address in the spaces provided.  <b>NAME of PARENT/GUARDIAN working on Redstone Arsenal or other Federal Property listed below.</b> Name _____ Name _____ Name of Employer: _____ Name of Employer: _____ Address Where Parent/Guardian Reports to Work: _____ Address Where Parent/Guardian Reports to Work _____ Street: _____ Street: _____ City: _____ ZIP: _____ City: _____ ZIP: _____  <b>Federal Property(s) where Parent/Guardian listed above works. (Please check one for each parent/guardian.)</b> <input type="checkbox"/> Redstone Arsenal, AL (Bldg: # _____) <input type="checkbox"/> Naval Reserve Training Center <input type="checkbox"/> NASA-Marshall Space Flight Center (Bldg: # _____) <input type="checkbox"/> TVA Power Service Center, Farley <input type="checkbox"/> Anniston Army Depot <input type="checkbox"/> TVA Power Service Center, Guntersville <input type="checkbox"/> Army Reserve, Patton Road <input type="checkbox"/> TVA Power Service Center, Huntsville <input type="checkbox"/> Browns Ferry, Athens <input type="checkbox"/> TVA Power Service Center, Muscle Shoals <input type="checkbox"/> FAA Air Traffic Control Tower <input type="checkbox"/> TVA Power Service Center, Scottsboro <input type="checkbox"/> Federal Buildings and Courthouses <input type="checkbox"/> TVA Power Service Center, Widows Creek <input type="checkbox"/> Guntersville Dam /Reservoir <input type="checkbox"/> TVA Power Service Center, Woodson <input type="checkbox"/> Maxwell Air Force Base <input type="checkbox"/> VA Medical Center <input type="checkbox"/> Other Federal Property in Alabama _____
<b>IV. UNIFORMED SERVICES</b>  Was either parent/guardian an active duty member of the uniformed services on September 20, 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please check one AND write the name of parent on active duty and list their rank.  <b>PARENT INCLUDES:</b> Father, Mother, Stepfather/mother, or Legal Guardian. <b>ACTIVE DUTY UNIFORMED SERVICES INCLUDE:</b> Parents on <b>ACTIVE DUTY</b> in the Army, Air Force, Navy, Coast Guard, Foreign Military, National Guard or Reserve. (If National Guard, or Reserves please provide a copy of orders) NAME _____ RANK _____ (Required)  <input type="checkbox"/> US ARMY <input type="checkbox"/> US Marine Corps <input type="checkbox"/> US Air Force <input type="checkbox"/> US Navy <input type="checkbox"/> US Coast Guard <input type="checkbox"/> Foreign Military <input type="checkbox"/> National Guard Title 10 <input type="checkbox"/> National Guard Title 32 <input type="checkbox"/> Reserve _____ branch <input type="checkbox"/> Other _____  <b>NOTE:</b> Those listed must be on active duty in the Uniformed Services of the United States as of September 20, 2018.
<b>V. SIGNATURE AND DATE</b>  Please sign and date.	By signing this form, I certify that the above information is true and correct as of September 20, 2018.  Signature of Parent/Guardian _____ Date _____ <b>Must be signed and dated on or after September 20, 2018, to be accepted.</b>