



CENTRAL PUBLIC SCHOOLS

108089 S 4670 RD
Sallisaw, OK 74955-8587
Phone: 1(918)775-5525



High School Principal – John Speir

Superintendent – Larry G. Henson

Elem Principal – Beverly Cawhorn

Dear Parents:

We need your help to complete our Impact Aid application!

Data gathered with the attached survey will provide us the information needed to file our application for funding through this federal program. The Impact Aid program could produce significant revenue that would enhance the educational opportunities for children attending Central Public Schools.

We hope you will take a moment to respond to the survey, and return the survey form to your child's school as soon as possible. You can be assured that the individual information you provide will be held in strict confidence.

Thank you in advance for your help in this important effort to provide increased educational opportunities for our students.

Sincerely

Larry Henson, Superintendent

Impact Aid Program Survey Form
 Central Public Schools
 2020-2021 School Year
 Survey Date: September 8, 2020

| | | | | | |
|--|-------|------|-----------|-------|-----|
| Student Name _____ | | | | | |
| Last | First | M.I. | Birthdate | Grade | |
| Student Address _____ | | | | | |
| | | | City | State | Zip |
| School Name: _____ | | | | | |
| IF MORE THAN ONE CHILD LIVES AT THE SAME ADDRESS, LIST CHILD'S NAME AND ENTER "SAME" ON ADDRESS LINE | | | | | |
| Student Name _____ | | | | | |
| Last | First | M.I. | Birthdate | Grade | |
| Student Address _____ | | | | | |
| | | | City | State | Zip |
| School Name: _____ | | | | | |

Is the above property:

- A. On Restricted ___ or Trust ___ Land. If Yes, Section/Township/Range _____ Yes ___ No ___
- B. A Cherokee Tribal Housing Authority House or Property Yes ___ No ___

PARENT/GUARDIAN EMPLOYMENT:

Was either parent/guardian with whom student resided EMPLOYED on Federal Property on September 8, 2020:

- Cherokee Nation Yes _____ No _____
- Choctaw Nation Yes _____ No _____
- “Other” Federal Property Yes _____ No _____

If yes, give name and address as it appears on the payroll: _____
Name of Business

City State Zip

Name of parent/guardian as it appears on the payroll: _____

UNIFORMED SERVICES:

Was either parent/guardian on ACTIVE duty in the Uniformed Service on September 8, 2020:

Yes _____ No _____ If yes, give name, rank and branch of service.

| | | |
|------|------|-------------------|
| Name | Rank | Branch of Service |
|------|------|-------------------|

| | |
|---|---------------|
| * By signing this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date. | |
| _____ Parent/Guardian Signature | _____ Date |