



*TISHOMINGO PUBLIC SCHOOLS*  
*1300 E. Main*  
*Tishomingo, OK 73460*



*Administration: (580) 371-9190*  
*Middle School: (580) 371-3602*

*Fax: (580) 371-3765*

*High School: (580) 371-2322*  
*Elementary School: (580) 371-2548*

Dear Parents/Guardians:

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 Tishomingo 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

Alicia O'Donnell  
Superintendent

**Impact Aid Program Survey Form  
Tishomingo Public Schools  
2018-19 School Year  
Survey Date: November 7, 2018**

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

Is the above property:

- |  |                |
|--|----------------|
| A. On Restricted ___ or Trust ___ Land                       | Yes ___ No ___ |
| B. A Chickasaw Tribal Housing Authority House or Property    | Yes ___ No ___ |
| C. A Tishomingo Low Rent Housing Authority House or Property | Yes ___ No ___ |

**PARENT/GUARDIAN EMPLOYMENT:**

Was either parent/guardian with whom student resided **EMPLOYED** on Federal Property on November 7, 2018:

Yes \_\_\_ No \_\_\_

If yes, give name and address of employer: \_\_\_\_\_  
Name Address

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

**UNIFORMED SERVICES:**

Was either parent/guardian on **ACTIVE** duty in the Uniformed Services on November 7, 2018:

Yes \_\_\_ No \_\_\_ If yes, give name, rank and branch of service:

Name	Rank	Branch of Service
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\*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