

**IMPACT AID PROGRAM SURVEY FORM
VANOSS PUBLIC SCHOOL
2010-11 SCHOOL YEAR**



Name of Pupil _____
Last
First
MI
Birthdate
Grade

Name of School enrolled in as of survey date: Vanoss

Pupil's address on the survey date: 10-1-09 _____
Street/R.F.D
City
State

- Do you live?
- A. on Restricted Indian Land Yes _____ No _____
 - B. On Indian Trust Land Yes _____ No _____
 - C. In a Chickasaw Tribal Housing Authority House or Property Yes _____ No _____
 - D. In a Stratford Housing Authority House or Property Yes _____ No _____
 - E. On "Other" Federal Property Yes _____ No _____

If you live on "Other" federal property, please give the name and address of the Property:

Name _____ Address _____

If you live on the above property, so you also work on the Federal Property? Yes ___ No ___

EMPLOYMENT DATA: (Civilian Employees Only)

1. Was either parent/guardian with whom pupil resides employed on:
- | | | | | | | | | | |
|--|-----|-----|----|-----|--------------------------------|-----|-----|----|-----|
| Carl T. Albert Indian Hospital | Yes | ___ | No | ___ | Chickasaw Trading Post | Yes | ___ | No | ___ |
| Chickasaw National Headquarters Office | Yes | ___ | No | ___ | VA Medical Center | Yes | ___ | No | ___ |
| Thlopthlocco Tribal Complex | Yes | ___ | No | ___ | Chickasaw Health System Office | Yes | ___ | No | ___ |
| Seminole Nations Complex | Yes | ___ | No | ___ | Ada BIA Office | Yes | ___ | No | ___ |
| Kickapoo Casino | Yes | ___ | No | ___ | Choctaw Nation | Yes | ___ | No | ___ |
| Kallihoma Sr. Center | Yes | ___ | No | ___ | Federal Bldg/Courthouse | Yes | ___ | No | ___ |
| U.S.P.S. | Yes | ___ | No | ___ | Chickasaw Division of Commerce | Yes | ___ | No | ___ |
| Robert S. Kerr Environ. Research Center | Yes | ___ | No | ___ | Chickasaw Senior Citizens | Yes | ___ | No | ___ |
| Was either parent/guardian with whom pupil resides employed on "other Federal Property or did he/she report to work on "other" Federal Property on the survey date: 10-01-09 | | | | | | Yes | ___ | No | ___ |

If yes, give name and address of Employer _____
Name
Address

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

EMPLOYMENT DATA: (Uniformed Services Only)

Was either parent/guardian on active duty in the Uniformed Services on the survey date 10-01-09 Yes ___ No ___

If yes, give name, rank, and branch of service:

Name _____ Rank _____ Branch of Service _____

I certify that the above information is correct:

 Parent/Guardian Signature Date