Lapwai School District 341 Student Impact Aid Survey Form

Student Information	SURVEY DATE: NOVEMBER 2, 2015				
School (please circle)	Lapwai Elementary or Middle/High School				
First Name					
Last					
Date of Birth					
Grade					
Physical Address					
City					
ID/Zip					
Trust Property? PLEASE CIRCLE		YES	OR N	10	
Allotment Number?					
Property Owner?					
Parent/Guardian Employment					
Enter information in this section if either parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed.					
Parent/Guardian Name					
Employer					
Dept.					
Address of Federal Property					
Please fill in the above boxes with complete and accurate information					
Please list any other students you		<u> </u>			
Name:	DOB	Grade			MS/HS
		1	ES		MS/HS
		1	ES		MS/HS
			ES		MS/HS
			ES		MS/HS
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*By signing this form I am I certif 2015 and give permission for La Housing, BIA, and Human Resou	pwai School Distric				

Date:

Signature of Parent/Guardian