Lapwai School District #341 Impact Aid Survey Form

Survey Date: November 2, 2023

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII of the Elementary and Secondary Education Act) and may be provided to the U.S. Department of Education if the school district's application for payment is audited. This form must be signed and dated for the school district to receive funds based on this information. All boxes must be filled in with complete information, if applicable.

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What Department

Address of federal property

STUDENT INFORMATION							
Student's Last Name	First Name and M.I.	Grade	School N	ame			
Home Address (No P.O. Boxes)	City	City		Zip Code		
Does the student live on Tr	rust Property – please circle	Trust Proper	Trust Property allotment number or Property Owner				
YES or NO or	Not Sure						
MULTI STUDENT INFORM	ATION-PLEASE ADD OTHER	CHILDREN RESI	DING AT THE S	SAME ADI	DRESS.		
Student's Last Name	First Name and M.I.	Grade	School				
Student's Last Name	First Name and M.I.	Grade	School				
Student's Last Name	First Name and M.I.	Grade	School				
PARENT/GUARDIAN EMP	LOYMENT INFORMATION:	EMPLOYED ON F	EDERAL PROP	ERTY			
	ction regarding the parent/gu			sides if eith	ner person was		
	y or reported to work on Trus						
Parent/Guardian's Last Name	First Name and M.I.	Name of Parer	Name of Parent/Guardian's Employer if not listed below.				
·	nployer on Trust Land Please circ						
NEZ PERCE TRIBE N	IMIIPUU HEALTH CLEA	RWATER RIVER (CASINO NP	EXPRESS	CAMAS EXPRESS		

By signing and dating this form, I am certifying that all typed and written information on this form is accurate and complete as of the survey date.

City

Zip Code

State

Signature of Parent/ Guardian	Signature of Parent/Guardian_		Date
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