Impact Aid Survey Form
Atoka Public Schools
2025-2026 School Year
Survey Date: September 22, 2025

Student Name #1:_____
Last First M.I. Date of Birth Grade

Home Address (No P.O. Boxes):_____
City State Zip

School Name:_____

LIST ALL SCHOOL AGED CHILDREN LIVING AT THE ABOVE ADDRESS BELOW AND FILL IN 'SCHOOL NAME'

Student Name #2:_____
Last First M.I. Date of Birth Grade

School Name:_____

Student Name #3:_____
Last First M.I. Date of Birth Grade

School Name:_____

Is the above property:

A. On Restricted____ or Trust____ Land If Yes, Section/Township/Range_____ Yes___No___
B. A Choctaw Tribal Housing Authority House or Property Yes___No___
C. An Atoka Low Rent Housing Authority House or Property Yes___No___

PARENT/GUARDIAN EMPLOYMENT:
If either parent/guardian with whom student resided was **EMPLOYED** on **Federal Property** on September 22, 2025, please fill out:

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

**Name of parent/guardian employer: _____

Please check appropriate box(es):

Chilis Grill & Bar, 1300 S. Mississippi, Atoka, OK 74525 Yes___No___
Choctaw Casino & Resort, 4216 US 69, Durant, OK 74701 Yes___No___
Choctaw Gaming Ctr & Casino, 895 N. Hwy 69, Stringtown, OK 74569 Yes___No___
Choctaw Nation Health, 1801 Chukka Hina, Durant, OK 74701 Yes___No___
Choctaw Nation Tribal Hdqrs., 1802 Chukka Hina, Durant, OK 74701 Yes___No___
Choctaw Travel Plaza/Casino, 1302 S. Mississippi, Atoka, OK 74525 Yes___No___
Choctaw Travel Plaza, 897 N. Hwy 69, Stringtown, OK 74569 Yes___No___
McAlester Army Ammunition Plant, 1 C Tree Rd., McAlester, OK 74501 Yes___No___

UNIFORMED SERVICES:
Was either parent/guardian on **ACTIVE** duty in the **Uniformed Services** on September 22, 2025: Yes___ No___
If yes, please fill out:

Name: Last First Rank Branch of Service

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

_____ _____
Parent/Guardian Signature Date

Dear Parents:

We need your help to complete our Impact Aid application!

Data gathered with the attached survey will provide us with 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 Atoka 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

Chris Karch, Superintendent