Moseley Public School
7904 N. Moseley Rd.
Colcord, Ok. 74338
918-505-1000
Superintendent
Machele Potter

September 15th, 2026

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 educational opportunities for children attending Moseley 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

Machele Potter, Superintendent

Impact Aid Survey Form
Moseley Public Schools
2026-2027 School Year
Survey Date: September 15, 2026

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 Cherokee Tribal 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 15, 2026, please fill out:

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

**Name of parent/guardian employer: _____

Please check appropriate box(es):

Cherokee Casino West Siloam Springs, West Siloam Springs, OK 74338 Yes___No___

UNIFORMED SERVICES:
Was either parent/guardian on **ACTIVE** duty in the **Uniformed Services** on September 15, 2026: 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