

Impact Aid Program Survey Form

Survey Date **October 1, 2018**

Complete all boxes with accurate information.

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property in the box to the right. →		Name of federal property			

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was on active duty in the Uniformed Services of the United States on **October 1, 2018**.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
-----------------------------	---------------------	-------------------	------

If applicable, complete with accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN WORKING ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian if 1) neither parent/guardian with whom the student resided was on active duty in the Uniformed Services of the United States *and* 2) either parent/guardian with whom the student resided was employed on federal property, *or* 3) either the parent/guardian reported to work on federal property on **October 1, 2018**. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Address of Parent/Guardian's Employer		City	State	Zip Code
Name of federal property				
Address of federal property		City	State	Zip Code

If applicable, complete with accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and a foreign military officer on **October 1, 2018**.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

If applicable, complete with accurate information

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 of 1965 (ESEA)), and *may* be provided to the U.S. Department of Education *when* your school district's application for payment is audited. **This form *must* be signed and dated for your school district to receive funds based on this information.**

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

→ Signature of Parent/Guardian

→ Date