



## Impact Aid Program Survey Form

The survey date is October 6, 2021

**All boxes must be filled in with complete information, if applicable. The signature and date is required for all forms. Please complete 1 form per student.**

**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, please select which of the following: <input type="checkbox"/> Rising View <input type="checkbox"/> Coffman Heights					

**Fill in the above boxes with complete and accurate information**

**CIVILIAN EMPLOYED ON FEDERAL PROPERTY: PARENT/GUARDIAN EMPLOYMENT INFORMATION**

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 the survey date*. 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

**Fill in the above boxes with complete and accurate information**

**UNIFORMED SERVICES - ACTIVE DUTY: PARENT/GUARDIAN EMPLOYMENT INFORMATION**

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 the survey date*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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**Fill in the above boxes with complete and accurate information**

**FOREIGN MILITARY: PARENT/GUARDIAN EMPLOYMENT INFORMATION**

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 the survey date*.

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

**Fill in the above boxes with complete and accurate information**

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), and *may* be provided to the U.S. Department of Education *if* 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 \_\_\_\_\_