

Impact Aid Survey Form

The survey date is _____.

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.

STUDENT INFORMATION

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Home Address on the Survey Date (No P.O. Boxes)		City		State	Zip Code
If the student lives on federal property, enter the name of the property.		Name of Federal Property			

OTHER CHILDREN ENROLLED IN THE SCHOOL DISTRICT WITH THE SAME HOME ADDRESS AND PARENT/GUARDIAN

Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	
Student's Last Name	First Name and M.I.	Date of Birth	Grade	School Name NESPELEM SCHOOL	

PARENT/GUARDIAN EMPLOYMENT INFORMATION: EMPLOYED ON FEDERAL PROPERTY

Enter information in this section regarding the parent/guardian with whom the student resides if either person was employed on federal property or reported to work on federal property <i>on the survey date</i> . 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			
Name of Federal Property					
Address of Federal Property		City		State	Zip Code

PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY UNIFORMED SERVICES

Enter information in this section regarding the parent/guardian if either person was <i>on active duty</i> in the Uniformed Services <i>on the survey date</i> . This does not include members of the National Guard activated for State service under Title 32.			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

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.

Signature of Parent/Guardian _____ **Date** _____