

Stafford County Public Schools Impact Aid Program Survey Form

The survey date is September 30, 2016

STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name	Homeroom Teacher
Address (P.O. Box not accepted)			City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property				

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

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 *September 30, 2016*. 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 (P.O. Box not accepted)		City		State	Zip Code
Name of federal property					
Address of federal property		City		State	Zip Code

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 *September 30, 2016*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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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 *September 30, 2016*.

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

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, September 30, 2016.**

→ Signature of Parent/Guardian _____ → Date _____

RETURN TO YOUR CHILD'S TEACHER NO LATER THAN OCTOBER 14, 2016