



**DORCHESTER SCHOOL DISTRICT TWO
IMPACT AID PROGRAM SURVEY FORM**
The survey date is **October 21, 2024**



All boxes must be filled in with complete information if applicable

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.		Name of federal property				
How many school age children in the household:						

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Was either parent/guardian with whom the student resides employed on Federal property?
 ___YES (Please complete this section. Enter parent/guardian name as shown on employer payroll record. **If on active-duty, complete the MILITARY section below.**)
 ___NO (Please sign/date below and return the form to school.)

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

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Are you currently on Active Duty YES NO

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	Grade
Base/Post Assigned	Base/Post Location (City)	State	Phone

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 _____