FEDERAL IMPACT AID SURVEY FORM

Signature of Parent/Guardian



Date

Additional information and instructions can be found online at: https://www.watertowncsd.org/families/impact-aid
Completed forms can be emailed to impactaid@watertowncsd.org or printed and mailed to 1351 Washington St, Watertown, NY 13601.

Each Applicable Section MUST be Fully Completed. Please PRINT using **BLACK** or BLUE only and sign and date.

Survey Date: 11/3/2025

zuen inpproducte zeetten in est i		compress		, 22.10	<u> </u>			Surve	ey Date.	11/3/2023	
			FORMATION (y be listed provided			-					
Student's Last Name	Student's First Name			MI	MI Date of Birth G		Grade	So	School Name		
	+										
					6 N.A.			State		7.63	
Home Address (No P.O. Boxes)					City					Zip	
FOR DISTRICT USE ONLY: If th	e address v	where the s	student(s) resides is a	federal proj	perty, enter the name	e of the Pro	operty.				
PARENT/GUARDIAN INF	ORMA	TION ((Fill in the boxes	with co	nplete and acci	urate in	formatio	n.)			
1. UNIFORMED				(
SERVICES					<u>US MIL</u>	ITAR	<u> </u>				
Was either parent/guardian (student does NOT have to											
reside with) on ACTIVE DUTY	Parent/Guardian Name (Last, First, MI) Relationship to Student(s) Military Rank /									Rank / Grade	
in the Uniformed Services on November 3, 2025?											
REQUIRED	Branch of Service: □ Army □ Air Force □ Coast Guard □ Navy □ Marine Corps										
	□ National Guard or Reserves mobilized by Presidential Executive Order 13223 of 9/14/2004 and Title 10 USC (Attach copy										
YES, complete	of Activation order)										
information in this section, sign and date.	Military Status:										
NO, go to section 2.	Active Duty										
, 8											
	MT: D 1/0 1								 ade		
	Parent/Guardian Name (Last, First, MI) Branch of Service: □Army □Air Force □Marine Corps □Navy										
		Foreign	Government Name	;			-,		51p5 =1 (a)	,	
2. CIVILIAN		\overline{C}	IVILIAN E	EMPL	OYMENT	ON F	EDER	RAL PROF	PERTY	7	
EMPLOYEE Works on Federal Property		<u> </u>				01(1				J	
Was either parent/guardian	Doront/	Cuardia	n Nama (Last Fir	et MI)							
(with whom the student resides)	Parent/Guardian Name (Last, First, MI) Location of Federal Property:							Employer Name			
employed on federal property on November 3, 2025?		Orum, NY									
REQUIRED		-	ddress on Ft. Drum								
YES, complete	□U.S. Customs and Border Protection, 46735 I-81 #1, Alexandria Bay, NY 13601										
information in this	☐U.S. Customs and Border Protection, 45764 Landon Rd. Wellesley Island, NY 13640										
section, sign and date. NO, go to section 3	□Other		Property Name		Address			City	State	Zip	
This information is the basis for	r payment			funds under		ram (Title \	VIII of the F	<u> </u>			
may be provided to the U.S. De to receive funds based on this	epartment of	of Educatio									
-			and and weitter	'aum a t	m this form:		00mr-1-4	os of Normalia	2 2025		
3. By signing this form, I am o	eruiying	mat an ty	ped and written ini	ormation (on this form is acci	urate and	complete	as of inovember 3	5, 2025.		