Federal Job-Live on Native American land or work at Tinker Air Force Base

Impact Aid Program Survey Form

The survey date is _____

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

Fill in the above boxes with complete and accurate information.

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 *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

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

Fill in the above boxes with complete and accurate information.

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 *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 you 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 _____