Every family must complete this form for <u>each</u> student attending ESD22. One form per student needs to be returned no later than October 26, 2026. If the family has no military affiliation, please complete the highlighted portions, sign, date and return. If the family does have military affiliation, please complete the appropriate section. This information is the basis for payment to ESD22 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**	
Home Address (No P.O. Boxes)		**City**		**State**	**Zip Code**
If the above address is on federal property- please complete →	**Name of federal property:**				

EMPLOYED ON FEDERAL PROPERTY PARENT/GUARDIAN EMPLOYMENT INFORMATION:

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 *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		
Name of federal property				
Address of federal property		City	State	Zip Code

ACTIVE DUTY UNIFORMED SERVICES PARENT/GUARDIAN EMPLOYMENT INFORMATION:

Enter information in this section regarding the parent/guardian if either person was *on active duty* in the Uniformed Services *on the survey date*. 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

FOREIGN MILITARY PARENT/GUARDIAN EMPLOYMENT INFORMATION:

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			

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_____