

ELIZABETH CITY-PASQUOTANK SCHOOL DISTRICT

Impact Aid Survey Form

Date of Survey is October 19, 2026

Please fill in with complete information if applicable

School: _____ Grade _____

A. STUDENT INFORMATION

1. Name of Student: _____
2. Birthdate: _____ - _____ - _____
3. Full Address _____ City _____ State _____ Zip Code _____

B. UNIFORMED SERVICE: PARENT/GUARDIAN EMPLOYMENT INFORMATION

1. Was either Parent/Guardian on active duty in the UNIFORMED SERVICE as of October 19, 2026? YES _____ NO _____
2. (a) Name of Parent/Guardian _____
(b) Branch of Service _____ Rank/Grade _____

C. FOREIGN MILITARY: PARENT/GUARDIAN EMPLOYMENT INFORMATION

1. Was either Parent/Guardian on active duty in the FOREIGN MILITARY as of October 19, 2026? YES _____ NO _____
2. (a) Name of Parent/Guardian _____
(b) Branch of Service _____ Rank/Grade _____ Government _____

D. CIVIL SERVICE: PARENT/GUARDIAN EMPLOYMENT INFORMATION

1. Was either Parent/Guardian with whom student resides employed on any of the Federal Properties listed below as a **Civil Service** employee as of October 19, 2026? YES _____ NO _____
2. Name of Parent/Guardian _____
3. Name of Parent/Guardian's Employer _____
4. Full address _____ City _____ State _____ Zip Code _____
5. Check which Federal property: _____ USCG Base, 1664 Weeksville Rd., Elizabeth City, NC 27909
_____ Other _____

Signature of Parent/Guardian

Date

*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.

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.