

San Diego Unified School District - Impact Aid Program Survey Form

The survey date is **OCTOBER 2, 2019**

A form must be completed and returned for every student. Please sign and date at the bottom.

OFFICE USE ONLY

School Name Perry Elementary	School # 237	Teacher	Period	Room	Student ID	Code
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STUDENT INFORMATION NOTE: Parent/Guardian Only may edit incorrect information and then initial.

Student's Last Name	First Name	M.I.	Date of Birth	Grade
Complete Address		City	State	Zip Code
If the above address is on federal property, enter the name of the property to the right.		Name of Military Housing, Public Low-Rent Housing or any 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 either parent/guardian with whom the student resides was employed on federal property on October 2, 2019 . 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

Fill in the above boxes with complete and accurate information

ACTIVE MILITARY SERVICE PARENT/GUARDIAN EMPLOYMENT INFORMATION:

(Navy, Marine Corps, Coast Guard, Air Force, Army, National Guard)

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 October 2, 2019 . (If National Guard/Reservist ___ Title 10 ___ If Title 10 please provide orders. You may black-out PII (personally identifiable information)).				
Parent/Guardian's Last Name	First Name	Middle Int'l	Branch of Service	Rank

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 October 2, 2019 .			
Parent/Guardian's Last Name	First Name and Middle Initial	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 San Diego Unified 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 of October 2, 2019.**

→ Signature of Parent/Guardian _____ → Date _____