

Espanola Public Schools Impact Aid Program Survey Form
The survey date is 10/05/2020

All boxes must be filled in with complete information if applicable

STUDENT INFORMATION Student ID Number: _____

Form with fields for Student's Last Name, First Name, M.I., Date of Birth, Grade, School Name, Address, City, State, Zip Code, and 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.

Form with fields for 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, and Address of federal property.

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.

Form with fields for Parent/Guardian's Last Name, First Name and M.I., Branch of Service, and 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.

Form with fields for Parent/Guardian's Last Name, First Name and M.I., Branch of Service, Rank, and 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.

* 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 _____