STUDENT - PARENT SURVEY FOR FEDERAL IMPACT AID

Survey Date	November 21 , 2022

Parents, please complete each section below
If the answer is YES in section B, complete the information in that section sign, and date; if the answer is NO, go to the next section
If the answer is YES in section C, complete the information in that section, sign, and date; if the answer is NO, sign and date.

A. STUDENT DATA

Please list student and all siblings residing with the Parent/Guardian.

Student #1 Last Name:	First Name:	M.I.	Date of Birth _____ / _____/ _____

School	Grade	Does this student receive ESE servic es? Yes No	Student ID #

Residential Address on Survey Date	City	State	Zip Code

If the Student lives on federal property, please provide the name of that property here .
(Please see Federal Pr operty List on the back o f this docum ent .)

Sibling #2 Last Name:	First Name:	M.I.	Date of Birth _____ / _____/ _____

School	Grade	Does this student receive ESE services? Yes No	Student ID #

B. PARENT/GUARDIAN EMPLOYMENT DATA UNIFORMED SERVICES (Air Force, Army, Coast Guard, Marines, Navy)

Active FullA-.10.0Ru -9.94 -1.-0268 >>BDC/MCID 267 >>BDC 0.005 TcP << (,)9.4 ([.d.0R)-.2 (u -0.00 0.0mu>BDC0103 0.0mu>ID

E. List of Federal Property Worksites for Active-Duty Members of the Uniformed Services OR Civilian