

# Impact Aid Program Survey Form

## Completion Instructions

### A. Student Information Section: MUST BE COMPLETED IN ITS ENTIRETY

The parent/guardian must fill-in the required information for this section. The following data is required:

- Student's first and last name, date of birth, grade, and name of school.
- The complete address for the student's place of residence, to include city, state and zip code.
  - ✓ Example: 925 School Street #3, Carson, Maryland 20735
  - ✓ Post office boxes are not allowed.
  - ✓ If the place of residence is on Fort Jackson, please be sure it is listed as "FORT JACKSON"

### B. Parent/Guardian Section: UNIFORMED SERVICES

Only children of ACTIVE DUTY military service members are eligible as uniformed services for Impact Aid Program purposes. The allowable branches of the military are Army, Navy, Air Force, Marines, U.S Coast Guard, U.S. Public Health Services (USPHS), and National Oceanic Atmospheric Administration (NOAA). The parent/guardian must fill-in the required information for this section. The following data is required.

- The parent/guardian must enter their complete name.
- The parent/guardian must enter:
  - ✓ Branch Service (i.e., Navy, Army, etc.)
  - ✓ Rank or Pay Grade (i.e., Captain or 03/Sergeant or E5)

IMPORTANT NOTE: National Guard or Reserves must attach documentation to show that they have been activated pursuant to Presidential Executive Order 13223 of September 14, 2001, as amended, and under authority of title 10, United States Code (U.S.C.). National Guard or Reserves activated under title 32, U.S.C., who remain under the command and control of the state Governor, are not eligible to apply under the category of active duty in the uniformed services. Retired military are not eligible.

### C. Parent/Guardian Section: CIVILIAN

Only children of a Civilian Parent/Guardian Employed on Federal Property whom the child resides with on the survey date listed on the top of the form are eligible to be counted in this category.

The following data is required:

- The parent/guardian must enter their complete name.
- The parent/guardian must enter their work phone number
- The parent/guardian must enter the complete name of their employer.
  - ✓ Example "AAFES"
- The parent/guardian must check the Federal Property on which they are employed.
  - ✓ Example "Headquarters, USATC & Fort Jackson"
- The parent/guardian must enter the complete address of their employer.
  - ✓ Example "4110 Moseby St, Columbia, SC 29207"
  - ✓ Post office boxes are not allowed but legal descriptions may be used.

### D. Parent/Guardian Signature Section: MUST BE COMPLETED BY THE PARENT

- ✓ The parent/guardian must sign and date the form certifying that all typed and written information on the form is accurate and complete as of the survey date.
- ✓ **The form is not acceptable without the parent's signature and date.**



## Impact Aid Program Survey Form

Richland School District Two schools are funded primarily by local taxes. However, due to the large federal presence in our area and the tax exemptions available to federally-connected personnel, businesses, and agencies; Richland School District Two is eligible to apply for federal Impact Aid funds. Impact Aid is a federal program designed to assist local school districts that enroll federally connected students. Federally connected students are children of active duty uniformed services personnel, children who live on federal property, and children whose parents work on federal property. The Impact Aid Program funds become a part of Richland School District Two's general operating budget and are critical to maintaining high standards for educational excellence.

We need your assistance in identifying students with federal connections. **The information provided on this form is confidential.** It is available only to school officials and will be used solely to complete our request for Impact Aid funds under Title VII of the Elementary and Secondary Education Act. **Please complete a separate survey form for each school-aged student in your household.**

**COMPLETE IN INK:**

**Sections A, B & D if either parent/guardian of the student is an active member of the US uniformed services**

**Sections A, C & D if either parent/guardian of the student is a civilian working on federal property**

**Sections A & D if neither parent/guardian of the student is an active member of the US uniformed services or works on federal property**

A. STUDENT INFORMATION							
Student's Last Name	First Name	M.I.	Date of Birth	Grade	School		
Residency Address on <u>November 9, 2016</u>				City	State	Zip Code	
If the above property is a federal property, enter the name of the property:							
B: 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 <u>November 9, 2016</u>							
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service			Rank		
C. PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN							
Enter information in this section regarding the parent/guardian if either parent/guardian with whom the student resided was employed on federal property <i>or</i> reported to work on federal property and neither parent/guardian with whom the student resided was on active duty on <u>November 9, 2016</u> .							
Parent/Guardian's Last Name	First Name and M.I.			Work Phone Number			
Name of Parent/Guardian's Employer							
Check Federal Property Parent/Guardian was employed on or reported to							
<input type="checkbox"/> Headquarters, USATC & Fort Jackson <input type="checkbox"/> J. Bratton Davis, U. S. Bankruptcy Courthouse <input type="checkbox"/> Matthew J. Perry U. S. Courthouse <input type="checkbox"/> McEntire Joint National Guard Base <input type="checkbox"/> Savannah River Site				<input type="checkbox"/> Shaw Air Force Base <input type="checkbox"/> Strom Thurmond Federal Building <input type="checkbox"/> Strom Thurmond U. S. Courthouse <input type="checkbox"/> Veterans Administration Regional Office <input type="checkbox"/> Wm. Jennings Bryan Dorn VA Medical Center Other _____			
Number & Street Address on Federal Property			City	SC	Zip		
D: PARENT/GUARDIAN SIGNATURE							
This information is basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education) 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 written information on this form is accurate and complete as of <u>November 9, 2016</u> .							
Signature of Parent/Guardian					Date		