

Trigg County School District Impact Aid Program Survey Form 2018-2019
Please complete and return to school by November 02, 2018

All boxes must be filled in with complete information if applicable and form must be signed

I. STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property			

Fill in the above boxes with complete and accurate information

II. PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN

Fill out this section **only** if parent/guardian is a **civilian employed on Federal Property on 10/08/2018**, which would include one of the following: Land-Between-the Lakes, TVA, Fort Campbell, Paradise Steam Plant, Lake Barkley State Park or Dam, Prizer Point, Cumberland Steam Plant, or the Division of Forestry.

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				
Address of federal property		City	State	Zip Code

Fill in the above boxes with complete and accurate information

III. PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES

Fill out this section **only** if the parent/guardian is was **on active duty in the military on 10/08/2018**.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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Fill in the above boxes with complete and accurate information

IV. PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Fill out this section **only** if the parent/guardian was **both an accredited foreign government official and a foreign military officer 10/08/2018**.

Parent/Guardian's Last Name	First Name and M.I.	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 your 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.**

→ Signature of Parent/Guardian _____ → Date _____