

Camp Verde Unified School District #28
Impact Aid Program Survey Form
 The survey date is _____

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			

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*. 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			
Address of Parent/Guardian's Employer		City	State	Zip Code	
Name of federal property					
Address of federal property		City	State	Zip Code	

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*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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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*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
Name of Foreign Government			

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FARMING, GRAZING, LUMBERING AND MINING

Enter information in this section if either the parent or guardian spent more than 50 percent of his or her working time on federal property (whether as an employee or self-employed) engaged in farming, grazing, lumbering or mining.

Parent/Guardian's Last Name	First Name and M.I.	Name of Parent's/Guardian's Employer			
Address of Parent/Guardian's Employer		City	State	Zip Code	
Name of federal property		Address of federal property			
Permit Number	Township	Range	Section		

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.

→ Signature of Parent/Guardian _____ → Date _____