

**Madison City Schools Impact Aid Program Survey Form**  
 The survey date is September 20, 2017

**→ A card must be completed and returned for every student.**

**\*All parents must complete sections highlighted in green. Complete other highlighted sections as applicable. Please sign and date at the bottom of the form and return to your student's school.**

**STUDENT INFORMATION Fill in the below boxes with complete and accurate information.**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
<b>IS STUDENT'S ADDRESS IN A FEDERAL HOUSING PROJECT?</b> (Triana Housing includes 7 <sup>th</sup> , 8 <sup>th</sup> , and Record St. and some Zierdt Rd. addresses). YES _____ NO _____			<b>Is Student receiving Special Education Services (Including Speech, NOT GIFTED)</b> YES _____ NO _____		

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

Enter information in this section regarding the parent/guardian if EITHER parent/guardian with whom the student resides was employed on federal property. 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 Building # Street		City	State	Zip Code
Name of federal property				
Address of federal property Building # Street		City	State	Zip Code

**Fill in all above boxes with complete and accurate information.**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES (Active Duty Only)**

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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**Fill in the all 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*.

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 \_\_\_\_\_**