



NEW for 2016 – Only ONE completed and signed form is needed per household.

Form#

Survey Date: 10/5/2016

Impact Aid Program Survey

Student Information: Please verify the information provided and make corrections as necessary

Students Last Name:	Students First Name:	M.I.	D.O.B	Student ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text" value="CO"/>	<input type="text"/>	
School Name:	Grade	Period	Team	Teacher
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Students in Household as of 10/5/2016. Additional students may be listed on the back of this form.

Last Name	First Name	Student ID	Grade	DOB	School Name	Address if Different
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Parent/Guardian Employment Information. All boxes must be filled in with complete information if applicable.

1 ACTIVE DUTY UNIFORMED SERVICES: Complete this section if either parent/guardian was on active duty in the Uniformed Services of the United States as of 10/5/2016.

Parent/Guardian's Last Name _____ First Name _____ M.I. _____

Branch of Service _____ Rank _____

2 FOREIGN MILITARY: Complete this section if either parent/guardian was both an accredited foreign government official and a foreign military officer as of 10/5/2016.

Parent/Guardian's Last Name _____ First Name _____ M.I. _____

Branch of Service _____ Rank _____ Name of Foreign Government _____

3 CIVILIAN EMPLOYED ON FEDERAL PROPERTY: Complete this section if either parent/guardian with whom the student resided 1) was employed on federal property or 2) reported to work on federal property on 10/5/2016.

Parent/Guardian's Last Name _____ First Name _____ M.I. _____

Name of Parent/Guardian Employer _____

Address of Employer _____ City _____ State _____ Zip _____

Name of Federal Property _____

Address of above Federal Property _____ City _____ State _____ Zip _____

4 Check this box if none of the above apply to your household

***** By signing this form, I am certifying that all typed and written information on BOTH sides of this form is accurate and complete as of 10/5/2016. Please ensure at least one completed form listing all students in your household is returned.**

Signature of parent/guardian _____

Date _____