Spotsylvania County Public Schools
IMPACT Aid Survey Form
2021 – 2022

The information from this form is used to determine the amount of federal funds paid to Spotsylvania County Schools 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 the Spotsylvania County Public School District's application for payment is audited. This form must be signed and dated in order for our school district to receive funds. Complete SECTION 1 with the requested STUDENT INFORMATION. Complete SECTION 2 ONLY IF YOU ARE IN MILITARY SERVICE or complete SECTION 3, ONLY IF YOU ARE A CIVILIAN FEDERAL EMPLOYEE working on Federal Property. A separate form must be completed for each student in your household. Please provide student information as of OCTOBER 8, 2021. SIGN, DATE, AND RETURN THIS FORM BY November 24, 2021. ALL INFORMATION FURNISHED ON THIS FORM IS STRICTLY CONFIDENTIAL.

Section 1: ***Student information as of October 8, 2021***

STUDENT NAME: _____ **DATE OF BIRTH:** _____
Last First MI

ADDRESS: _____
Number and Street City State Zip Phone Number

_____
School Homeroom Teacher Grade Level

Section 2: ***Parent/Guardian Military Service Information*****: (If this section does not apply to you, skip and go to Section 3). Information as of October 8, 2021, for any parent/guardian with whom the student resides. Note: This section does not apply to the National Guard or the reserves (unless on active duty). If active duty National Guard, please provide a copy of your orders as of the survey date: October 8, 2021**

TYPE OF SERVICE:
- ❑ U.S. Military
- ❑ Foreign Military

BRANCH OF SERVICE:
- ❑ Air Force
- ❑ Army
- ❑ Coast Guard
- ❑ Marine Corps
- ❑ Navy
- ❑ Other

_____
Name of Parent/Guardian

_____
Name of Foreign Government

_____
Military Rank

NOTE: ***All information must be completed in order to be eligible.***

_____
Name of Military Base/Installation

Section 3: ***Parent/Guardian Civilian Federal Employee or Contractor working on Federal Property Information*****: (If this section does not apply to you, skip and go to Section 4.) Please complete the Civilian Federal employment information, as of October 8, 2021, for each parent/guardian with whom the student resides.**

_____
Parent/Guardian Name

_____
Employer

_____
Work Street Address

_____
City, State, Zip

_____
Parent/Guardian Name

_____
Employer

_____
Work Street Address

_____
City, State, Zip

NOTE: ***All information must be completed in order to be eligible.***

Section 4: ***Parent/Guardian Signature***

_____
Signature of Parent, Stepparent, or Legal Guardian

_____
Date (Do not date before October 8, 2021)