

**Autauga County Schools**  
**Impact Aid Program Survey Form**  
**Survey Date 11/06/2020**

**ALL boxes must be filled in with complete information (if applicable) in order to be eligible for funding through the Impact Aid Program. All funding earned goes to your child's school!**

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

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name	
Address (DO NOT USE PO BOX)		City			State AL	Zip Code
If the above property is a federal property, enter the name of the property. (Table 4 – OFFICE NOTE ONLY)		Check beside the name of the Federal property: Highland Court _____ Malone Court _____ Pratt Court _____				

**CIVILIAN**

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

**Enter information in this section regarding the parent/guardian IF 1) parent/guardian with whom the student resided was not on active duty in the Uniformed Services of the United States AND 2) 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 (11/06/2020). Enter the parent/guardian's name as it appears on the employer's payroll record. (Table 5 – OFFICE NOTE ONLY)**

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

**UNIFORMED SERVICES – ON ACTIVE DUTY**

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

**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 (11/6/2020). (Table 2 – OFFICE NOTE ONLY)**

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service*	Rank
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**\*Parent/Guardians in National Guard, please submit copy of order if active during the survey date. This document is required to receive funding.**

**FOREIGN MILITARY**

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

**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 (11/06/2020). (Table 2 – OFFICE NOTE ONLY)**

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

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 \_\_\_\_\_  
 (Date on or after Survey Date)