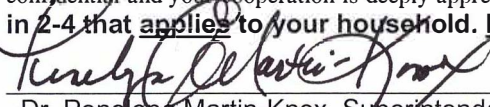


Impact Aid Program Survey Form

Survey date is November 16, 2020

2020-2021 School Year

This information is the basis for payment to our 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* our school district's application for payment is audited. This form *must* be signed and dated for our school district to receive funds based on this information. This information will be kept strictly confidential and your cooperation is deeply appreciated. **Section one (1) must be filled in completely - complete only the section in 2-4 that applies to your household. Print in black or blue ink.** (Please do not use pencil.)


Dr. Penelope Martin-Knox, Superintendent

1. STUDENT INFORMATION AS OF NOVEMBER 16, 2020

Student's Last Name	Student's First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State SC	Zip Code
Is the above address located on federal property ? (Such as on base.) Yes _____ No _____ If yes, please enter the name of the property. _____					
Is the above address low income housing property ? Yes _____ No _____ (See a list of properties on the back of this form .)					

Fill in the above boxes with complete and accurate information

2. PARENT/GUARDIAN EMPLOYMENT INFORMATION: COMPLETED BY "CIVILIANS WORKING ON FEDERAL PROPERTY" ONLY

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 of November 16, 2020**. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian's Last Name	Parent/Guardian's First Name and M.I.	Complete Name of Parent/Guardian's Employer		
Complete Name of federal property the Parent/Guardian works on				
Physical Address of federal property the Parent/Guardian works on		City	State SC	Zip Code

Fill in the above boxes with complete and accurate information

3. PARENT/GUARDIAN EMPLOYMENT INFORMATION: COMPLETED BY "UNIFORMED SERVICES" 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 of November 16, 2020**.

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

Fill in the above boxes with complete and accurate information

4. PARENT/GUARDIAN EMPLOYMENT INFORMATION: COMPLETED BY "FOREIGN MILITARY" ONLY

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 of November 16, 2020**.

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

Fill in the above boxes with complete and accurate information

*** By signing this form; I am certifying that as of the survey date (November 16, 2020) all typed and written information on this form is accurate and complete.**

Signature of Parent/Guardian _____ Date _____

Form **MUST BE** signed and dated on or after November 16, 2020

Information below will be completed by the Principal's Office Personnel – Yes or No must be checked

Student is served under 94-142 and has an I.E.P. on file. Yes _____ No _____