

Christian County Public Schools

Federal Impact Aid Survey

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Survey Date: September 20, 2017

STUDENT INFORMATION			
Student Name: Last			Student ID
Address: Number & Street	City	State	Zip Code
Name of School		Birth Date	Phone
PARENT/GUARDIAN NAME: _____			

PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICE	
Parent/Guardian Name	
Uniformed Service:	
Branch of Service:	
Military Rank or Battalion:	
Status: Active = Yes Inactive = No	<input type="checkbox"/> Retired Date of Retirement: _____

PARENT/GUARDIAN CIVILIAN EMPLOYEE WORKING ON FEDERAL PROPERTY	
Civil Employee:	<input type="checkbox"/> Yes Parent/Guardian Name: _____ <input type="checkbox"/> No
If Yes, what location:	

PARENT/GUARDIAN CONTRACTED EMPLOYEE WHO REPORTS TO WORK ON FEDERAL PROPERTY	
Contracted Employee:	<input type="checkbox"/> Yes Parent/Guardian Name: _____ <input type="checkbox"/> No
If yes, what location:	

PARENT/GUARDIAN/STUDENT LIVING IN PUBLIC HOUSING	
Public Housing:	<input type="checkbox"/> Yes Parent/Guardian Name: _____ <input type="checkbox"/> No
Address:	

PARENT/GUARDIAN SIGNATURE	
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.	
<div style="border: 1px solid black; width: 100%; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100%; height: 30px; margin: 0 auto;"></div>
Signature of Parent/Guardian	Date

Please return this survey to your child's school by *Wednesday, October 4, 2017.*