

Christian County Public Schools

Federal Impact Aid Survey

ALL INFORMATION IS STRICTLY CONFIDENTIAL

Survey Date: November 2, 2021

STUDENT INFORMATION			
Last	First	Middle	Student ID
Address: Number & Street	City	State	Zip Code
Name of School	Grade	Birth Date	Phone

SPONSORS EMPLOYMENT INFORMATION: UNIFORMED SERVICE	
SPONSORS Name/Date of Birth:	
Branch of Service:	Army <input type="checkbox"/> Air force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> National Guard/Reserve <input type="checkbox"/> Coast Guard <input type="checkbox"/>
Military Rank and Unit: (ex. E-5/101 SUST BDE)	
Status:	Active Duty <input type="checkbox"/> <input type="checkbox"/> Retired Inactive <input type="checkbox"/> Date of Retirement: _____

PARENT/GUARDIAN CIVILIAN EMPLOYEE WORKING ON FEDERAL PROPERTY	
Civil Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name:	
If Yes, name & address of employer	

PARENT/GUARDIAN CONTRACTED EMPLOYEE WHO REPORTS TO WORK ON FEDERAL PROPERTY	
Contracted Employee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name:	
If yes, name & address of employer	

PARENT/GUARDIAN/STUDENT LIVING IN PUBLIC HOUSING	
Public Housing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Name:	
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; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Signature of Sponsor/Parent/Guardian	Date

Please return this survey to your child's school by Friday December 10, 2021