

Lemon Grove School District's

SURVEY OF RESIDENCE & EMPLOYMENT AS OF NOVEMBER 26, 2018

PLEASE SIGN & RETURN TO YOUR CHILDS SCHOOL BY NOVEMBER 30, 2018

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

SECTION I. STUDENT INFORMATION

Student ID	School Name	Grade	Teacher
Last Name	First Name	Nickname	M.I. Date of Birth
Address	City	State	Zip
If the above property is a federal property or public housing , please enter the name of the property and LRH, HUD or AMP Number :	Phone Number ()	SPECIAL EDUCATION STUDENT Yes (Current IEP) No	

Mark this box **ONLY** if neither parent/ was in the military/uniformed services and neither parent/guardian worked on federal property or on a reservation on/after **NOVEMBER 26, 2018** and skip ahead to Section III & sign below.

SECTION II. PARENT/GUARDIAN EMPLOYMENT INFO Please fill out all that apply

ACTIVE MILITARY/UNIFORMED SERVICES

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 **NOVEMBER 26, 2018**. Please do not list retired military.

Parent/Guardian Last Name	First Name and M.I.	Branch of Service	Rank
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CIVILIAN WORKING ON ANY FEDERAL PROPERTY TYPE (INCLUDING NAVAL SHIP REPAIR/CONTRACT WORK)

Enter information in this section regarding the parent/guardian if either parent/guardian with whom the student resided was on active duty and either parent/guardian with whom the student resided was employed on federal property, or either parent/guardian reported to work on federal property on the survey date of **NOVEMBER 26, 2018**. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian Last Name	First Name and M.I.		
Name of Parent/Guardian's Employer	Address of Federal Property	State	Zip Code
Name of Federal Property	Ship Name:		
	Hull Number:	Port:	

CIVILIAN WORKING ON RESERVATION/CASINO

Enter information in this section regarding the parent/guardian if either parent/guardian with whom the student resided was on active duty and either parent/guardian with whom the student resided was employed on a reservation or at a casino on federal property on **NOVEMBER 26, 2018**.

Parent/Guardian Last Name	First Name and M.I.	Name of Parent/Guardian's Employer	
Address of Parent/Guardian's Employer	City	State	Zip Code

SECTION III. CERTIFICATION

By signing this form, I am certifying that all information on this form is accurate and complete. The 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 to receive funds based on this information.

Signature of Parent/Guardian

Date