

**Hardin County Schools**  
**Impact Aid Program Survey Form (2020-21)**  
 The survey date is **October 12, 2020**

Student has an active IEP  
 on October 12, 2020  
 \_\_\_Yes \_\_\_No

**All boxes must be filled in with complete information if applicable. (Please fill out one form for EACH child in your family attending Hardin County Schools.)**

**STUDENT INFORMATION**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code
If the above property is a federal property, enter the name of the property.		Name of federal property			

**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN**

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 **October 12, 2020**. Enter the parent/guardian's name as it appears on the employer's payroll record.

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

**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: 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 October 12, 2020*.

Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank
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**Fill in the above boxes with complete and accurate information**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY**

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 **October 12, 2020**.

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

**Fill in the above boxes with complete and accurate information**

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 on or after October 12, 2020 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 \_\_\_\_\_