



**BRYAN COUNTY BOARD OF EDUCATION  
 IMPACT AID PROGRAM SURVEY FORM  
 SURVEY DATE: OCTOBER 15, 2018**

Complete one form for each student enrolled. Please print or type and complete all applicable sections in the entirety. Sign and date the form and return to your student's teacher no later than November 2, 2018.

**STUDENT INFORMATION**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Attending on 10/15/2018	
Physical Address of Residence as of October 15, 2018 (No P.O. Boxes)			City		State	Zip Code
Is the residence on FEDERAL PROPERTY?  <input type="checkbox"/> YES <input type="checkbox"/> NO		IF Yes, Name of Federal Property				

**PARENT/GUARDIAN SERVING IN UNIFORMED SERVICES**

Was parent/guardian or person acting as parent <i>with whom the student resides</i> on ACTIVE DUTY as a member of the UNIFORMED SERVICES as of October 15, 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please complete the following information:			
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank

**PARENT/GUARDIAN EMPLOYED ON FEDERAL PROPERTY**

Was parent/guardian or person acting as parent <i>with whom the student resides</i> a CIVILIAN employed on FEDERAL PROPERTY or did parent/guardian REPORT TO WORK on FEDERAL PROPERTY as of October 15, 2018? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, please complete the following information:			
Parent/Guardian's Last Name (As it appears on employer's payroll record)	First Name and M.I.	Name of Employer (Office, Section, Agency, Contractor, Etc.)	
Name of FEDERAL PROPERTY on which Employed (Exp: Fort Stewart, Etc.)			
Address of FEDERAL PROPERTY		City	State    Zip Code

**PARENT/GUARDIAN SIGNATURE AND DATE**

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 of October 15, 2018. Signature is required for the form to be considered complete in the entirety.

Signature of Parent or Guardian or Person Acting as Parent With Whom Student Resides	Date
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