

SAMPLE

Impact Aid Program Source Check Form

SAMPLE

The survey date is _____

Federal Property: _____ Address: _____

(1)	(2)	(3)	(4)		(5)		(6)	(7)	(8)
Parent/Guardian's Name	Parent/Guardian's Address	Branch of Service (including rank, if applicable) or Foreign Military Government	Parent/Guardian In column (1) lived on above property as of survey date		Parent/Guardian In column (1) worked on above property as of survey date		Name of Pupil Living with Parent/Guardian in Column (1)	Pupil's Date of Birth	Pupil's Grade
			YES	NO	YES	NO			

This is to certify that the information shown under Columns (4) and (5) of the foregoing sheet(s) is correct for the person listed under Column (1) on the survey date.

This is to certify that the students listed under Column (6) of the foregoing sheet(s) were enrolled in this school system on the survey date.

Signature Date

Signature Date

Title Agency

Title School District

This information is the basis for payment to this school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act). This form *must* be signed and dated for this school district to receive funds based on this information.