

**LEMOORE UNION HIGH SCHOOL DISTRICT
LEMOORE, CALIFORNIA 93245**

Parent Employment Survey

Form-Impact Aid

Dear Parents:

It is important, in order for your school to obtain funding, that you complete this form. Please take the time to review **section 1** and/or make any corrections if needed. Also, complete **section 2** through **section 5** and return to your child's teacher by **Monday, September 15, 2008**

It is necessary to make Parent Employment Surveys at specific times during the year. Monetary assistance which the District may receive from the federal government is determined by the number of parents who are employed on federal property, who are on active duty in the armed forces or employed by companies working on government contracts.

A completed Parent Employment Survey form must be on file for each pupil in the District-regardless of whether or not employment indicates federal connection. The District's eligibility depends upon your cooperation.

Dwight Miller, District Superintendent

Lemoore Union High School District - Impact Aid Program Survey Form
The survey date is Monday, September 15, 2008

1. STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name
Address		City		State	Zip Code

2. IF THE ABOVE PROPERTY IS A FEDERAL PROPERTY, CHECK THE NAME OF THE PROPERTY.

- LEMOORE NAVAL AIR STATION SANTA ROSA RANCHERIA

3. 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 **Monday, September 15, 2008**. 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 <input type="checkbox"/> LEMOORE NAVAL AIR STATION <input type="checkbox"/> SANTA ROSA RANCHERIA <input type="checkbox"/> OTHER: _____				
Address of federal property		City	State	Zip Code

4. 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 **Monday, September 15, 2008**.

Parent/Guardian's Last Name	First Name and M.I.	Rank / Rate
Branch of Service	<input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Marine Corps <input type="checkbox"/> U.S. Air Force	
<i>Check one:</i>	<input type="checkbox"/> U.S. Navy <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> Other:	

5. SIGNATURE

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. I certify that the above information is true and correct as of **Monday, September 15, 2008**.

→Signature of Parent/Guardian _____ →Date _____

***For District Office Use Only:** Checked by: _____ Checked by: _____
LHS _____ MCHS _____ JHS _____ YOC _____ CDS _____
1-1 _____ 1-2 _____ 2 _____ 3-1 _____ 3-2 _____ 4 _____ 5-1 _____ 5-2 _____ 5-3 _____ 5-4 _____ 5-5 _____ N/A _____