

# FORMULARIOS DE ENCUESTAS FEDERALES

se enviaran a casa para los padres

**Viernes, 4 de noviembre.**

**Favor de regresarlo, lo antes posible**

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## Chula Vista Elementary School District Impact Aid Program Survey Form The survey date is November 4, 2022

All boxes must be filled in with complete information if applicable

### STUDENT INFORMATION

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

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 the survey date. 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
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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 the survey date.

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

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.

**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 \_\_\_\_\_

## LA INFORMACIÓN DEL ESTUDIANTE YA ESTÁ ALLÍ

Por favor, asegúrese de que este sea su estudiante.

## INFORMACIÓN DE LOS PADRES - NO MILITAR

Apellido del padre, nombre del padre, empresa para la que trabaja y dirección de la empresa; si el padre trabaja en una propiedad federal, nombre la propiedad y la dirección.

## INFORMACIÓN DE LOS PADRES EN SERVICIO MILITAR ACTIVO

Apellido, nombre, Rama de Servicio y Rango.

## POR FAVOR FIRME Y FECHÉ EL FORMULARIO

Todos los formularios deben ser firmados por los padres.