

SOUTH KITSAP SCHOOL DISTRICT IMPACT AID PROGRAM SURVEY FORM

**The survey date is
November 1, 2013**

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|---|--|------------|-------|---------|------------|
| 1. STUDENT INFORMATION | Student's Name | Birth Date | Grade | Teacher | School |
| | Student's Home Address on the survey date (November 1, 2013) | | | | Survey No. |
| 2. UNIFORMED SERVICES Was a parent/guardian on active duty on November 1, 2013? <input type="checkbox"/> YES → <small>(If yes, please provide parent/guardian name and branch/rank)</small> <input type="checkbox"/> No | Active duty in the Uniformed Services of the United States includes: Air Force, Army, Navy, Marine Corps, Coast Guard, NOAA Corps, and Commissioned Officer of the Public Health Service. This applies to members stationed anywhere in the world. If YES, please provide the following information: **PLEASE PRINT** Name of ACTIVE DUTY parent/guardian: _____ Branch of Service: _____ Military Rank: _____ <small>(i.e., E-7, O-3, etc.)</small> | | | | |
| 3. CIVILIANS EMPLOYED ON FEDERAL PROPERTY Was a parent or guardian employed on or report to work on federal property on November 1, 2013? <input type="checkbox"/> YES → <small>(If yes, please provide parent/guardian name and name/address of federal property)</small> <input type="checkbox"/> No | If YES, please provide the following information: **PLEASE PRINT** Name of CIVILIAN parent/guardian: _____ Name and address of federal property (please check one or write in space provided below): <input type="checkbox"/> Puget Sound Naval Shipyard (PSNS)/Naval Base Kitsap 1400 Farragut, Bremerton <input type="checkbox"/> Naval Supply Center, 467 West Dr. Bremerton <input type="checkbox"/> Naval Base Kitsap, Bangor 1100 Hunley Road, Bangor 98315 <input type="checkbox"/> Naval Air Station, Whidbey Island, Oak Harbor 3675 Lexington Rd 98278 <input type="checkbox"/> Naval Hospital/Regional Medical Center, 1 Boone Rd Bremerton 98310 <input type="checkbox"/> Naval Jackson Park Housing/Naval Reservation, 100 Olding Road Bremerton 98312 <input type="checkbox"/> Naval Reserve Training Center, 11 th & Alexander, Tacoma <input type="checkbox"/> Naval Station-Puget Sound, 1922 W Marine View Dr, Everett <input type="checkbox"/> Naval Strategic Weapons Facility, 6401 Skipjack Circle, Silverdale <input type="checkbox"/> Naval Supply Depot-Fuel Branch, Hilldale Road, Manchester 98353 <input type="checkbox"/> Naval Undersea Warfare Center, Keyport 610 Dowell St. Keyport <input type="checkbox"/> Army Reserve Center, 5119 E Portland Ave-E 52 nd , Tacoma <input type="checkbox"/> Camp Murray, Bldg 1 Camp Murray Tacoma, 98430 <input type="checkbox"/> Clearwater Casino/Port Madison/Suquamish Tribal Office 15148 Saltair Drive Poulsbo, 98370 <input type="checkbox"/> Coast Guard Support Center, 27 th Ave W & Commodore Way, Seattle <input type="checkbox"/> Emerald Queen Casino, Puyallup 2024 E 29 th St Tacoma <input type="checkbox"/> FAA Air Route Traffic Control Center, 3101 Auburn Way S, Auburn <input type="checkbox"/> Federal Center South, 4735 E Marginal Way/915 2 nd Ave, Seattle <input type="checkbox"/> Federal Detention Center-SeaTac, 2425 S 200 th St, Seattle <input type="checkbox"/> Federal Office Bldg, 1st Ave-2nd Ave-Madison & Marion Sts, Seattle <input type="checkbox"/> Joint Base Lewis-McChord 2140 Liggett Ave JBLM 98443 <input type="checkbox"/> Manchester Center Regional Lab, 7411 Beach Dr Manchester WA 98353 <input type="checkbox"/> NOAA Montlake Research Complex, 2725 Montlake Blvd Seattle <input type="checkbox"/> US Courthouse & Federal Building, 700 Stewart St, Seattle <input type="checkbox"/> VA Hospital, 1660 S Columbia Way, Seattle <input type="checkbox"/> VA Hospital, Fort Lewis-Lakewood-Tacoma, American Lake <input type="checkbox"/> Merchant Marine (homeport of ship on Nov. 1): _____ Ship's Name: _____ Name/address of federal property (if not listed above): _____ Name/address of employer (if different than federal property): _____ | | | | |
| 4. PLEASE SIGN AND DATE THIS FORM →→→→ | I certify that the above information is true and correct as of the survey date, November 1, 2013. _____ Signature of Parent/Guardian Date | | | | |

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.

**** PLEASE RETURN THIS SURVEY TO YOUR STUDENT'S SCHOOL NO LATER THAN November 22, 2013 ****