

HARFORD COUNTY PUBLIC SCHOOLS
Federal Impact Aid Survey

School Year 2014 - 2015

Survey Date : 10/31/2014

Please read letter on back. Sign, date and return this form to your child's school by November 07, 2014

STUDENT NO.	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STUDENT HOME ADDRESS			CITY, STATE, ZIP CODE	

IF ABOVE ADDRESS IS FEDERAL MILITARY HOUSING OR OTHER FEDERAL HOUSING, PLEASE CHECK HERE

SCHOOL	GRADE	HOMEROOM	TEACHER NAME

1. FATHER/MALE GUARDIAN	1. MOTHER/FEMALE GUARDIAN
Do you Work on Federally Owned Property Within the State of Maryland? YES <input type="checkbox"/> NO <input type="checkbox"/> Are You on Active Duty in Uniformed Service of The United States? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES TO EITHER QUESTION, COMPLETE QUESTIONS 2-6. PLEASE BE SURE TO SIGN AND DATE THE FORM.	Do you Work on Federally Owned Property Within the State of Maryland? YES <input type="checkbox"/> NO <input type="checkbox"/> Are You on Active Duty in Uniformed Service of The United States? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES TO EITHER QUESTION, COMPLETE QUESTIONS 2-6. PLEASE BE SURE TO SIGN AND DATE THE FORM.
2. Name of Parent/Guardian Employed on Federal Property or Active Military	2. Name of Parent/Guardian Employed on Federal Property or Active Military
(PRINT)	(PRINT)
3. Name of Parent/Guardian's Employer on 10/31/2014	3. Name of Parent/Guardian's Employer on 10/31/2014
(PRINT)	(PRINT)
Complete Street Address of Parent/Guardian's Employer on 10/31/2014	Complete Street Address of Parent/Guardian's Employer on 10/31/2014
(PRINT)	(PRINT)
Street Number Street City State Zip Code	Street Number Street City State Zip Code
4. Name of Federal Property on which Parent/Guardian Employed on 10/31/2014	4. Name of Federal Property on which Parent/Guardian Employed on 10/31/2014
(PRINT)	(PRINT)
Complete Street Address of Federal Property on which Employed on 10/31/2014	Complete Street Address of Federal Property on which Employed on 10/31/2014
(PRINT)	(PRINT)
Street Number Street City State Zip Code	Street Number Street City State Zip Code
5. PLEASE CHECK ONE:	5. PLEASE CHECK ONE:
<input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> UNIFORMED SERVICES / MILITARY PERSONNEL	<input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> UNIFORMED SERVICES / MILITARY PERSONNEL
6. If member of uniformed services (active duty) as of 10/31/2014 fill in <u>branch and rank</u> (U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, NOAA, or a Commissioned Officer of the Public Health Services). If branch and rank are not filled in, form cannot be processed. If in National Guard, were you called by presidential order as of 10/31/2014 YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list <u>branch and rank</u> below and provide copy of orders (sensitive data removed or hidden)	
BRANCH	RANK
THIS FORM MUST BE SIGNED AND DATED BY SIGNING THIS FORM, I CERTIFY THAT ALL TYPED AND WRITTEN INFORMATION ABOVE IS CORRECT AS OF 10/31/2014	
SIGNATURE OF PARENT OR LEGAL GUARDIAN COMPLETING FORM	MONTH DAY YEAR



Dear Parent or Guardian:

In order for Harford County Public Schools to apply for federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), it is necessary to determine which parents/guardians live or work on federal property within the State of Maryland. The funds our school system receives under this program will be based upon the information checked on the front and filled in on the reverse side. The information will be kept confidential. The information *may* be provided to the U.S. Department of Education *if* our application for payment is audited.

We ask that you take a few moments to complete this brief questionnaire for each child enrolled in the Harford County Public School System, and return it to your child's school no later than November 7, 2014.

Every form must be signed and dated by a parent or guardian.

Thank you for responding to our request and for your continued support of Harford County Public Schools.

Sincerely,

Barbara P. Canavan
 Superintendent of Schools

PLEASE CHECK ONE AND FILL OUT THE REVERSE SIDE

- UNIFORMED SERVICES-3000000010
- A.P.G. / EDGEWOOD ARSENAL-3021100010
- STATE DEPT BLDG (BELTSVILLE, MD)-3047100132
- NSA (FT MEADE)-3017000015
- EDWARD GARMATZ COURTHOUSE-3047100015
- NEW CARROLLTON FEDERAL BLDG-3047100130
- NASA GODDARD SPACE CENTER-3080000010
- CG YARD (CURTIS BAY)-3069900080
- NAVAL ACADEMY-3017000040
- NATIONAL INSTITUTE OF HEALTH (EASTERN AVE/NATHAN SHOCK DR)-3075100030
- GSA APPRAISERS STORES BLDG-3047100040
- FEDERAL DEPOT (BENGIES, MD)-3047200010
- VA MEDICAL CENTER (10 N. GREENE ST)-3036000010
- ARMY RESEARCH LAB (SILVER SPRING)-3021000035
- CG DEPOT (BALTIMORE, MD)-3069900030
- FORT DETRICK-3021100030
- NAVAL SHIP RESEARCH & DEVELOPMENT-3017000120
- VA MEDICAL CENTER (FORT HOWARD)-3036000020
- CUSTOM HOUSE (BALTIMORE, MD)-3047100020
- GH FALLON FEDERAL BUILDING-3047100030
- SSA BUILDING (SECURITY BLVD-WOODLAWN)-3075000025
- SSA METRO WEST (N. GREENE STREET)-3075500005
- VA MEDICAL CENTER (PERRY POINT)-3036000030
- SSA BUILDING (WOODLAWN, MD)-3075500010
- VA HOSPITAL (LOCH RAVEN BLVD)-3036000015
- FORT MEADE-3021100060
- FDA COLLEGE PARK CAMPUS OFFICE-3075200015
- NATIONAL NAV. MEDICAL CENTER (WALTER REED) - 3017000030
- FDA RESEARCH (BELTSVILLE, MD)-3075200010
- WHITE OAK (SILVER SPRING)-3047100104
- ANG FACILITY(GLEN L MARTIN AIRPORT)-3057900010
- OTHER FEDERAL PROPERTY IN MD
- NONE OF THE ABOVE (DO NOT FILL OUT FORM-SIGNATURE ONLY)

PLEASE REMEMBER TO FILL OUT THE REVERSE SIDE

Code	Table	Description	* To be completed by School Office Personnel
1-1	3	Resides APG/EA, Active Military	_____
1-2	1	Spec Ed, Resides APG/EA, Active Military	_____
2-2	2	Spec Ed, Active Military	_____
5-1	5	Active Military (Military B)	_____
5-2	5	Civilian, Works Federal Property (Civilian B)	_____
5SIS	5SIS	Receives Special Ed Services	_____

<p>* To be completed by Finance Dept. Federal Property ID Number: _____</p>
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