Murrieta Valley USD - Impact Aid Program Survey Form The survey date is Friday, October 4, 2013 (one per child please)

All boxes must be filled in ink with complete information where applicable and returned by 10/18/2013.

STUDENT INFORMATION

Student's Last Name	First Name		M.I.	Date of Birth	Grade	School Name	
Address			City			State	Zip Code
If the above property is a federal property, enter the name		Name of federal property					
of the property.					A STORE		
Fill in the above boxes with complete and accurate information							

CIVILIAN - PARENT / GUARDIAN, EMPLOYMENT INFORMATION

	garding the parent/guardian if 1) neither				
Uniformed Services of the United S	tates (aka, a civilian) and 2) either wa	is employed on federal property or 3)) 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	142	City	State	Zip Code	
		2000			
Name of federal property		Bata			
	5- 83 -				
Address of federal property	2	City	State	Zip Code	
		A Service	_		
Fill in the above boxes with complete and accurate information					

UNIFORMED SERVICES - PARENT / GUARDIAN, EMPLOYMENT INFORMATION

Enter information in this section regarding the parent/guardian if either person who was on <u>active duty in the Uniformed Services of the United</u> <u>States on the survey date.</u>					
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank		
Name of federal property	City, State	or Name of Ship	& Ship's Hull Number		

Fill in the above boxes with complete and accurate information

FOREIGN MILITARY - PARENT / GUARDIAN, EMPLOYMENT INFORMATION

Enter information in this section regarding the parent/guardian if either person was both 1) an accredited foreign government official and 2) a foreign military officer on the survey date.					
Parent/Guardian's Last Name	First Name and M.I.	Branch of Service	Rank		
Name of Foreign Government	CO Ca	bool	110		
Fill in the above boyes 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_<u>October 4, 2013</u>