



**LAKEHURST SCHOOL DISTRICT
LAKEHURST ELEMENTARY SCHOOL**

301 UNION AVENUE, LAKEHURST, NEW JERSEY 08733
(732) 657-5741 Fax (732) 408-0681
www.lakehurstschool.org

Mrs. Loren B. Fuhring
Superintendent

Dr. Clifford Barneman
Assistant Superintendent

Mrs. Stephanie Rucci
Vice Principal

December 1, 2016

Dear Parent/Guardian,

We are asking for your cooperation in helping complete our annual Federal Survey. We are looking for information pertaining to active military personnel, federal housing, and federal employees. This survey provides data in order for us to establish eligibility for federal funds. As you know, federal funds have a major impact on our school budget.

Please read the instructions and complete the sections applicable to you. **It is very important that you return the completed survey to the Main Office by Thursday, December 15, 2016.** Please contact us, if you have any questions.

Thank you for your cooperation.

Sincerely,

Loren B. Fuhring

Loren B. Fuhring
Superintendent

LBF:cfw

Impact Aid Program Survey Form

The survey date is December 1, 2016

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 L.E.S.
Address		City		State	Zip Code
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

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
-----------------------------	---------------------	-------------------	------

Fill in the above boxes with complete and accurate information

PARENT/GUARDIAN EMPLOYMENT INFORMATION: FOREIGN MILITARY

Enter information in this section regarding the parent/guardian if either person was both an accredited foreign government official and 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			

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 _____