

**LEMOORE UNION HIGH SCHOOL DISTRICT  
LEMOORE, CALIFORNIA 93245**

Parent Employment Survey

Form-Impact Aid

In order for your school to obtain crucial funding, it is important that you complete this form. A completed Parent Employment Survey must be on file for each pupil in the District regardless of any federal employment connection. The District's eligibility depends upon your cooperation.

All boxes must be filled in with complete information if applicable. Thank you for your timely assistance.

**Lemoore Union High School District - Impact Aid Program Survey Form**  
**The survey date is TUESDAY, September 15, 2020.**

**1. STUDENT/S INFORMATION (List all dependents attending the Lemoore High School District)**

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

**2. IF THE PROPERTY LISTED ABOVE IS A FEDERAL PROPERTY, CHECK THE NAME OF THE PROPERTY.**

- NAVAL AIR STATION LEMOORE                       SANTA ROSA RANCHERIA

**3. PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN WORKING ON FEDERAL LAND**

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 **TUESDAY, SEPTEMBER 15<sup>th</sup>, 2020**. 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 <input type="checkbox"/> NAVAL AIR STATION LEMOORE <input type="checkbox"/> SANTA ROSA RANCHERIA <input type="checkbox"/> OTHER: _____				
Address of federal property		City	State	Zip Code

**4. 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 **TUESDAY, SEPTEMBER 15<sup>th</sup>, 2020**.

Parent/Guardian's Last Name	First Name and M.I.	Rank / Rate
Branch of Service	<input type="checkbox"/> U.S. Army <input type="checkbox"/> U.S. Marine Corps <input type="checkbox"/> U.S. Air Force	
Check one:	<input type="checkbox"/> U.S. Navy <input type="checkbox"/> U.S. Coast Guard <input type="checkbox"/> Other:	

**5. SIGNATURE**

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. I certify that the above information is true and correct as of **TUESDAY, SEPTEMBER 15<sup>th</sup>, 2020**.

→ Signature of Parent/Guardian \_\_\_\_\_ → Date \_\_\_\_\_

**\*\*Do not use date prior to 09/15/20**

**\*\*DO NOT WRITE BELOW THIS SECTION**

**\*For District Office Use Only**

Checked by: \_\_\_\_\_

Site: LHS \_\_\_\_\_ MCHS \_\_\_\_\_ JHS \_\_\_\_\_ ONLINE \_\_\_\_\_