



PEMBERTON TOWNSHIP SCHOOLS

DANIEL SMITH

School Business Administrator/Board Secretary

TONY TRONGONE

Superintendent

October 2018

Dear Parent or Guardian:

AN IMPACT AID SURVEY FORM MUST BE COMPLETED FOR EACH STUDENT.

STUDENT INFORMATION SECTION:

- Is pre-printed – changes may be made by crossing out the incorrect information and printing new data.
- Blank forms are available if needed from your school or on our website - www.pemberton.k12.nj.us

NON-MILITARY - IF YOU HAVE **NO MILITARY AFFILIATION OR CONNECTION**, PLEASE GO TO THE BOTTOM OF THE FORM, SIGN, DATE AND RETURN IT TO YOUR CHILD'S SCHOOL.

MILITARY AFFILIATION – Must complete one of the sections below:

- **Employment Information – “Civilian”** – To be completed by parent/guardian if either was employed on federal property or reported to work on federal property on the survey date of **October 15, 2018.**
- **Employment Information – “Uniformed Services (Active Duty)”** - To be completed by parent/guardian on **Active Duty in the Uniformed Services of the United States** on **October 15, 2018.**
- **Employment Information – “Foreign Military”** - To be completed by parent/guardian who is both an accredited foreign government official and foreign military officer on **October 15, 2018.**

BE CERTAIN TO DATE AND SIGN THE FORM: The signature and date **must be in ink.**

All forms will be carefully screened to see if they qualify for federal financial assistance to our schools. We must identify every student whose parent is on active military duty or who is employed by the federal government on or off post. Your cooperation is important since the amount of taxes to be raised locally is partly determined by the amount of federal assistance we receive based on these forms.

Please return the forms to your child's school no later than Wednesday, November 7, 2018.

Thank you for your help with this important task.

Sincerely,

Dan Smith

School Business Administrator

Pemberton Township Schools

PHONE: 609-893-8141 Ext. 1004 FAX: 609-894-0586 EMAIL: dsmith@pemb.org

Office: One Egbert Street, Pemberton, New Jersey 08068 • www.pemberton.k12.nj.us/business

Pemberton Learning Community: Pursuing Excellence One Child at a Time

Impact Aid Program Survey Form

The survey date is 10/15/2018

STUDENT INFORMATION (Changes may be made by crossing out the incorrect information, and printing the new data)

Student's Last Name	First Name	M.I.	Date of Birth	Grade/HR	School Name
Address		City		State	Zip Code
Name of federal property if applicable:		Sibling Name(s)/School(s):			

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 (Complete address)		City		State	Zip Code

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
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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 accurate and complete information. Please use blue or black ink

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 _____