

FEDERAL IMPACT AID DATA COLLECTION 2018-2019

Dear Parent/Guardian:

Please complete this form if you are an active, reserve, or retired member of the military.
Return to your student's school office. **THANK YOU!**

Student Name <i>(please list all enrolled students in your household):</i>	School:	Student Number <i>(for office use):</i>

① Parent/Guardian Name: _____

Are you (*check one*): Active Reserve Retired

Please indicate which branch of the military:

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Air National Guard |
| <input type="checkbox"/> Army | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserve | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Navy | <input type="checkbox"/> Navy Reserve |

② Parent/Guardian Name: _____

Are you (*check one*): Active Reserve Retired

Please indicate which branch of the military:

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Air Force Reserve | <input type="checkbox"/> Air National Guard |
| <input type="checkbox"/> Army | <input type="checkbox"/> Army Reserve | <input type="checkbox"/> Army National Guard |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Coast Guard Reserve | <input type="checkbox"/> Marine Corps |
| <input type="checkbox"/> Marine Corps Reserve | <input type="checkbox"/> Navy | <input type="checkbox"/> Navy Reserve |