



**Impact Aid Program Survey Form - The survey date is October 11, 2023**  
**A survey must be completed and returned for every student**  
**Please sign and date at the bottom**

**You may complete this form online.** For those completing online, a paper form is not required.

Log in at <https://powerschool.sandi.net/public/> or use QR code

(Under Navigation select: **Forms / General Forms / 2023-24 Impact Aid Program Survey Form**)

Additional support resources: <https://www.sandi.net/itd/powerschoolportal>



**OFFICE USE ONLY**

School Name	School Loc. #	Teacher	Period	Room	Student ID	Code
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**STUDENT INFORMATION NOTE: Parent/Guardian Only may edit incorrect information and then initial.**

Student's Last Name	First Name	M.I.	Date of Birth	Grade	
Complete Address			City	State	Zip Code
If the above address is on federal property, enter the name of the property to the right.		Name of Military Housing, Public Low-Rent Housing or any 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 either person with whom the student resides was employed on federal property on **October 11, 2023**. 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		
Name of federal property				
Address of federal property		City	State	Zip Code

**Fill in the above boxes with complete and accurate information.**

**ACTIVE UNIFORMED SERVICES PARENT/GUARDIAN EMPLOYMENT INFORMATION: Air Force, Army, Coast Guard, Marine Corps, Navy, National Guard / Reserves, NOAA Commissioned Corps, Space Force, US Public Health Service**

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 **October 11, 2023**. (If National Guard/Reservist Title 10, please provide orders. You may black out PIV (personally identifiable information)).

Parent/Guardian's Last Name	First Name	Middle Int'l	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 **October 11, 2023**.

Parent/Guardian's Last Name	First Name and Middle Initial	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 San Diego Unified 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 of October 11, 2023.**

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