

# FEDERAL IMPACT AID DATA COLLECTION 2019-2020

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

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