# New Orleans Military and Maritime Academy
# Impact Aid Program Survey Form
# The survey date is December 1, 2017

**All boxes must be filled in with complete information if applicable**

**STUDENT INFORMATION: (All students must reside in the same household with same parent/ guardian).**

| Student's Last Name | First Name | M.I. | Date of Birth | Grade | School Name<br>**New Orleans Military and Maritime Academy** |
|---|---|---|---|---|---|
| Address | | City | | State | Zip Code |

| | |
|---|---|
| If the above address is located on a federal property, check the name of the property. ⇨ | ☐ Naval Air Station Joint Reserve Base New Orleans<br>☐ The Village At Federal City<br>(If you checked one of the above, skip to Employment Information Section.) |
| Is this address a Federal low-rent housing facility? | ☐ Yes<br>☐ No |

**PARENT/GUARDIAN EMPLOYMENT INFORMATION: ACTIVE DUTY IN THE 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 | Middle Initial | Rank |
|---|---|---|---|
| | | | |

Branch of Service

☐ Army ☐ Navy ☐ Marines ☐ Coast Guard ☐ Air Force ☐ National Guard and Reserve Components

**(If either parent/guardian was on Active Duty at time of survey, you Must attach a copy of current Active Duty orders.)**

**PARENT/GUARDIAN EMPLOYMENT INFORMATION:**

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 | Middle Initial | Name of Parent/Guardian's Employer |
|---|---|---|---|
| | | | |

| Address of Parent/Guardian's Employer | City | State | Zip Code |
|---|---|---|---|
| | | | |

Name of federal property

☐ Naval Air Station Joint Reserve Base New Orleans, Belle Chasse, LA 70037
Mailing Address: 400 Russell Ave., New Orleans, LA 70143

☐ US Marine Corps Forces Reserve (Marforres)
2000 Opelousas Ave., New Orleans, LA 70114

☐ United States Coast Guard Sect. New Orleans
200 Hendee Street, New Orleans, LA 70114

☐ Other: Name of Property: _____

Address: _____

City: _____ State: _____ Zip: _____

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VII 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_____/_____/_____
Month Day Year