

## FEDERAL SURVEY

Dear Parent:

Government legislation provides financial assistance to eligible school districts. Auburn School District's assistance this school year is based on the number of students who live, or whose parents are employed, on tax exempt property, or are serving in the Uniformed Services as of Monday, October 1, 2018. Please complete the form below, whether applicable or not, so that Auburn School District may apply for these funds.

Required by the U.S. Office of Education, this completed, signed, and dated form becomes proof of the district's eligibility and is subject to federal audit. Your efforts in providing accurate information and returning this form promptly are appreciated. We need this form whether it applies to you or not. Thank you very much for your assistance. It is most appreciated.

Sincerely,  
 Alan Spicciati, Superintendent

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

*Please Circle Relationship to Student:*

Father/Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Primary Address: \_\_\_\_\_

*Please Circle Relationship to Student:*

Father/Mother/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

**Please check if either address is in one of these properties:**  
 Green River Homes, KCHA    Firwood Circle, KCHA    Burndale Homes, KCHA    Muckleshoot Property

<b>PARENTAL EMPLOYMENT/MILITARY INFORMATION AS OF MONDAY, OCTOBER 1, 2018</b>		
<b>EMPLOYMENT</b> <small>Please fill out completely</small>	<b><u>Father or Guardian</u></b>	<b><u>Mother or Guardian</u></b>
Name of company where parent/guardian is employed _____ <small>(Company Name)</small>	_____	_____
Complete address of where you were working on October 1, 2018 _____ <small>(Street Address)</small>	_____	_____
	_____	_____
<b>MILITARY</b> <small>Please fill out completely</small>	<p>If parent or guardian was on active duty on October 1, 2018, with any of the Uniformed Services (Army, Air Force, Navy, Marines, Coast Guard, NCAA, or U.S. Public Health Service), please give branch and location of service, with rank:</p>	
	<b><u>Father or Guardian</u></b>	<b><u>Mother or Guardian</u></b>
	_____	_____
	_____	_____
	_____	_____
	<p><b>Please check box for all that apply:</b>  <input type="checkbox"/> U.S. Armed Forces active duty  <input type="checkbox"/> National Guard member  <input type="checkbox"/> U.S. Armed Forces reserves  <input type="checkbox"/> No military affiliation</p>	<p><b>Please check box for all that apply:</b>  <input type="checkbox"/> US Armed Forces active duty  <input type="checkbox"/> National Guard member  <input type="checkbox"/> U.S. Armed Forces reserves  <input type="checkbox"/> No military affiliation</p>

**PLEASE SIGN:**

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

X \_\_\_\_\_ I certify all information to be true on this form. \_\_\_\_\_ Date of Signature

**IMPORTANT: A form must be filled out for each student attending an Auburn Public School.**

Please return this form to the school with your son or daughter by