SCHOOL NAME:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PART I: STUDENT INFORMATION:** Students below must reside in the same household as the parent/guardian identified below. | | | | | | |
| Last Name | First Name | M.I. | Date of Birth | Grade | *office use only*  IEP | |
| Address | | City | | | State | Zip Code |
| **Does this student reside on federal property?** If the address listed above is located **on federal property,** check the box next to the federal property on which the student resides:  Air Force Academy Buckley AFB Fort Carson Peterson AFB Schriever AFB  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**A)**

**B)**

**C)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PART II: PARENT INFORMATION:** Fill out either A) Uniformed Services, B) Foreign Military, or C) Civilian Employed on Federal Land. If two sections below are applicable to the family, only the highest section below needs to be completed. (For example: if one parent is Uniformed Services and the other parent is Civilian, only complete the Uniformed Services section.) | | | | | |
|  | | | | | |
| **UNIFORMED SERVICES**  Enter information in this section if either parent/guardian was on active duty in the Uniformed Services of the United States *on 10/1/2021*. | | | | | |
| Parent/Guardian’s Last Name | First Name and M.I. | | Branch of Service | Rank | |
|  | | | | | |
| **FOREIGN MILITARY**  Enter information in this section if either parent/guardian was both an accredited foreign government official and a foreign military officer *on 10/1/2021*. | | | | | |
| Parent/Guardian’s Last Name | First Name and M.I. | | Branch of Service | Rank | |
| Name of Foreign Government | | | | | |
|  | | | | | |
| **CIVILIAN**  Enter information in this section if:   * Parent/guardian with whom the student resided was employed on federal property but was NOT active duty. * Parent/guardian reported to work on federal property *on 10/1/2021*.   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 employed on (if other, include address, city, state, zip) | | | | | |
| Air Force Academy  ANG Base (Aurora)  Buckley Air Force Base  Cheyenne Mountain Air Force Base  Fort Carson  Peterson Air Force Base  Schriever Air Force Base | | Denver Federal Center (Lakewood)  Federal Building (Colorado Springs)  Federal Building (Denver)  PFC Floyd K Lindstrom VA Outpatient Clinic  VA Medical Center  Other: *Provide name of federal property and address*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| --- | --- |
| **PART III: PARENT/GUARDIAN SIGNATURE** | |
| |  | | --- | | By filling in my name below, I acknowledge that this response serves as my required signature under 34 C.F.R. § 222.35(4)(i). By doing so I also affirm, under penalty of perjury, that the information contained in my survey responses is true and accurate as of October 1, 2021. | | |
| Parent/Guardian Signature | Date |