



BERKELEY COUNTY

SCHOOL DISTRICT

Create a future we dare to imagine and make a positive difference.

107 East Main Street ♦ Moncks Corner, SC 29461

Telephone: (843)899-8600 ♦ Fax: (843)899-8791

WWW.BCSDSCHOOLS.NET

October 8, 2020

Dear Parent or Legal Guardian:

Each year Berkeley County School District is required under federal law to conduct a pupil survey to count how many students are “federally connected”. The school system receives funding from the federal government in lieu of property taxes based on the number of “federally connected” students. Since Federal properties are exempt from local taxation, the assistance received helps to replace local taxes required for operating schools and constructing school buildings. Completing this form will assist our district in receiving funding that can be used to maintain/enhance the quality of your child’s education

It is important that we have a completed form for every pupil in our schools whether or not the parent or guardian is living or working on Federal property. The information, which you provide will be kept strictly confidential. It is only available to school and federal officials to be used solely to complete the district’s request for Impact Aid funds under Title VII of the Every Student Succeeds Act. For more information regarding Impact Aid Funding, please visit <http://www.nafisd.org/#!/basics>.

Your cooperation in completing and returning this form for each child is greatly appreciated. After completing this form in its entirety, please have your child return it to his/her teacher.

Thank you,

Dr. Eddie Ingram
Superintendent

BERKELEY COUNTY SCHOOL DISTRICT

FEDERAL IMPACT AID PARENT-PUPIL SURVEY

SURVEY DATE: October 8, 2020

INSTRUCTIONS				
All information should be provided as it is on the official survey date of October 8, 2020 Sections A, B & E must be filled out for each student in a household Section C must be filled out if either a parent/guardian the student resides with serves in the military; this includes the National Guard or Reserves Section D must be filled out if either a parent/guardian the student lives with is a civilian working on federal property				
A. STUDENT INFORMATION				
Student's Last Name	First Name	M.I.	Grade	School/Teacher
Residence Address on OCTOBER 8, 2020		Date of Birth		IEP: <input type="checkbox"/> Yes <input type="checkbox"/> No
City		State		Zip Code
B. HOME INFORMATION				
Is the student's residential address on federal property: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Select Property below: <input type="checkbox"/> Joint Base Charleston-Naval Weapons Station-Men Riv Park, Goose Creek, SC <input type="checkbox"/> Belangia Low-Rent Housing-1069 Russellville Rd, St. Stephen, SC <input type="checkbox"/> Francis Villa Low-Rent Housing-Bradley Rd, Moncks Corner, SC				
C. PARENT/GUARDIAN EMPLOYMENT INFORMATION: UNIFORMED SERVICES				
Enter information in this section if either parent/guardian with whom the student resided was on ACTIVE DUTY in the Uniformed Services of the United States on OCTOBER 8, 2020 .				
Parent/Guardian's Last Name	First Name and M.I.	Rank/Grade	Branch of Service: <input type="checkbox"/> US Air Force <input type="checkbox"/> Reserves/Branch _____ <input type="checkbox"/> US Army <input type="checkbox"/> Air National Guard <input type="checkbox"/> US Coast Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> US Marines <input type="checkbox"/> US Navy	
Day Phone Number	Work Phone Number			
If either parent/guardian with whom the student resided was a member of the National Guard or Reserve called up to ACTIVE DUTY under Presidential Orders (Executive Order 13223 of September 14, 2001, as amended; and Title 10 USC), include a copy of these orders with your survey.				
D. PARENT/GUARDIAN EMPLOYMENT INFORMATION: CIVILIAN				
Enter information in this section if either parent/guardian with whom the student resided was EMPLOYED ON FEDERAL PROPERTY or REPORTED TO WORK ON FEDERAL PROPERTY on OCTOBER 8, 2020 . DO NOT COMPLETE if either parent/guardian with whom the student resided was on active duty military service on OCTOBER 8, 2020 .				
Parent/Guardian's Last Name	First Name and M.I.	Day Phone Number		Work Phone Number
Name of Parent/Guardian's Employer				
Address of Parent/Guardian's Employer		City	State	Zip Code
Name of Federal Property				
Address of Federal Property		City	State	Zip Code
E. PARENT/GUARDIAN SIGNATURE				
This information is basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education) and <i>may</i> be provided to the U. S. Department of Education <i>if</i> 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. <i>By signing this form, I am certifying that all written information on this form is accurate and complete as of OCTOBER 8, 2020.</i>				
Signature of Parent/Guardian			Date	

Must be signed and dated on or after **OCTOBER 8, 2020**