BAGLEY PUBLIC SCHOOLS
202 Bagley Ave. NW
Bagley, Minnesota 56621

Parent Employment Survey **Impact Aid Form**

Dear Parents:

It is important, in order for your school to obtain funding, that **ALL** pupils complete this form. Please take the time to review **section 1** and/or make any corrections if needed. Also, complete **section 2** through **section 5** and return it to your school as indicated by **October 14, 2026.**

It is necessary to make Parent Employment Surveys at specific times during the year. Monetary assistance which the District may receive from the federal government is determined by the number of parents who are employed on federal property, who are on active duty in the armed forces or employed by companies working on government contracts.

A completed Parent Employment Survey form must be on file for each pupil in the District-regardless of whether or not employment indicates federal connection. The District's eligibility depends upon your cooperation.
Thank You,
Dr. Erich Heise, Superintendent

Bagley Public Schools – Impact Aid Program Survey Form
High School students return this form to the office
Elementary School students return this form to your homeroom teacher

1. STUDENT INFORMATION

Student's Last Name	First Name	M.I.	Date of Birth	Grade	School Name	
Address		City		State	Zip Code	

2. IF THE ABOVE PROPERTY IS A FEDERAL PROPERTY, CHECK THE NAME OF THE PROPERTY

☐ White Earth Reservation ☐ Other _____

3. PARENT/GUARDIAN EMPLOYMENT INFORMATON: *CIVILIAN*

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 ***September 1, 2026***. Enter the parent/guardian's name as it appears on the employer's payroll record.

Parent/Guardian Last Name	First Name and M.I.	Name of Parent/Guardian's Employer		
Address of Parent/Guardian's Employer		City	State	Zip Code
Name of Federal Property ☐ Shooting Star Casino ☐ Tribal Office ☐ Other:_____				
Address of Federal Property		City	State	Zip Code

4. PARENT/GUARDIAN EMPLOYMENT INFORMATION: *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* **September 1, 2026**.

Parent/Guardian's Last Name	First Name and M.I.	Rank/Rate

Branch of Service	☐ U.S. Army	☐ U.S. Marine Corps	☐ U.S. Air Force
Check one:	☐ U.S. Navy	☐ U.S. Coast Guard	☐ Other:

5. SIGNATURE

This information is the basis for payment to your school district of federal funds under the Impact Aid Program (Title VIII 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 received funds based on this information. I certify that the above information is true and correct.

Signature of Parent/Guardian_____ **Date**_____