

HARFORD COUNTY PUBLIC SCHOOLS

Federal Impact Aid Survey

School Year 2025 - 2026 Survey Date : 10/31/2025

Please read letter on back. Sign, date and return to your child's school by November 07, 2025. Please complete all applicable information.

STUDENT INFORMATION: Stude	ent ID Number]			
Student's Last Name	First Name	M.I	. Date	of Birth	Grade	Homeroom Number	
School Name			Homeroom Teacher				
Student's Home Address			City		State	Zip Code	
If the above property is a Federal Property, enter the name of the property.			Name	Name of Federal Property			
Fill in the above boxes with comp	olete and accurate infor	mation					
PARENT/GUARDIAN EMPLOYME f in National Guard, were you ca emoved)		-	_	please provide cop	oy of orders	(sensitive data	
Enter information in this section United States on 10/31/2025	n regarding the parent/g	guardian if either p	erson wa	s on active duty in	the Uniform	ned Services of the	
Parent/Guardian's Last Name	First Name a	First Name and M.I.		Branch of Service		Rank	
ill in the above boxes with comp	plete and accurate infor	mation					
ARENT/GUARDIAN EMPLOYME	NT INFORMATION: CIV	/ILIAN					
Do you work on Federally Owned	Property within the State	of Maryland?	_YES	NO			
Parent/Guardian's Last Name	First Name and M.I.	N	ame of Pa	me of Parent/Guardian's Employer			
Address of Parent/Guardian's Employer		C	ity	State		Zip Code	
Name of Federal Property		I		I			
Address of Federal Property		С	ity	State		Zip Code	
Fill in the above boxes with comp	olete and accurate infor	mation					
By signing this form, accurate and complete			and wr	itten informa	tion on t	his form is	
Signature of Parent/Guard	lian			Date			



Dear Parent or Guardian:

For Harford County Public Schools to apply for federal funds under the Impact Aid Program (Title VIII of the Elementary and Secondary Education Act), it is necessary to determine which parents/guardians live or work on federal property within the State of Maryland. The funds our school system receives under this program will be based upon the information checked on the front and filled in on the reverse side. The information will be kept confidential. The information may be provided to the U.S. Department of Education if our application for payment is audited.

We ask that you take a few moments to complete this brief questionnaire for each child enrolled in the Harford County Public School System and return it to your child's school no later than November 7, 2025.

Every form must be signed and dated by a parent or guardian.

Thank you for responding to our request and for your continued support of Harford County Public Schools.

Sincerely,

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Sean W. Bulson, Ed.D. Superintendent of Schools

PLEASE REMEMBER TO FILL **OUT THE REVERSE SIDE**

PARENTS/GUARDIANS: PLEASE CHECK ONE AND FILL OUT THE REVERSE SIDE

To be completed by School Office Personnel * CHECK ALL THAT APPLY *

Code	Table	Description	"X" EACH BOX THAT APPLIES
1-1	3	Resides APG/EA, Active Military	
1-1	3	Resides APG/EA, Works APG/EA, Civilian	
1-2	1	Spec Ed, Resides APG/EA, Active Military	
2-2	2	Spec Ed, Active Military	
3-8	4	Resides APG/EA, Civilian	
5-1	5	Active Military (Military B)	
5-2	5	Civilian, Works Federal Property (Civilian B)	
SSIS	SSIS	Receives Special Ed Services	

To be completed by Finance Department

Federal Property ID Number:

UNIFORMED SERVICES-300000010
A.P.G. / EDGEWOOD ARSENAL-3021100010
NATIONAL SECURITY AGENCY (FT MEADE)-
3017000015
EDWARD GARMATZ COURTHOUSE-3047100015
NEW CARROLLTON FEDERAL BLDG-3047100130
NASA GODDARD SPACE CENTER-3080000010
COAST GUARD YARD (CURTIS BAY)-3069900080
NAVAL ACADEMY-3017000040
VA MED.CENTER (10 N. GREENE ST)-3036000010
FORT DETRICK-3021100030
CUSTOM HOUSE (BALTIMORE, MD)-3047100020
GH FALLON FEDERAL BUILDING-3047100030
SSA BLDG (7500 SECURITY BLVD-WOODLAWN)-
3075000025
VA MEDICAL CENTER (PERRY POINT)-
3036000030
SSA BLDG (6401 SECURITY BLVD-WOODLAWN)-
3075500010
VA HOSPITAL (LOCH RAVEN BLVD)-3036000015
FORT MEADE-3021100060
WALTER REED MEDICAL CENTER -3017000030
ANG FACILITY (GLEN L MARTIN AIRPORT)-
3057900010
OTHER FEDERAL PROPERTY IN MD

NONE OF THE ABOVE (DO NOT FILL OUT FORM

- SIGNATURE ONLY)