

Elementary and Secondary Education  
 2018 Application by Parent or Guardian for  
 Temporary Emergency Impact Aid on Behalf Of Students Displaced by  
 Hurricanes Harvey, Irma, and Maria, or the 2017 California Wildfires  
 and Who Are Attending a Non-Public School

Parent/Guardian Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Non-Public School: \_\_\_\_\_  
 School Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_

**Name of the LEA** (local school district) within whose boundaries this non-public school is located:

\_\_\_\_\_

**Names of children enrolled** in this non-public school prior to February 9, 2018:  
 (check one box for each child)

Student Name	Non-Special education, Non-English learner	English learner	Special Education

**Certifications:**

I request that the local educational agency named above make payments to Emergency Impact Aid Accounts on behalf of each of my children named above.

I certify that I enrolled my children named above in this non-public school prior to February 9, 2018 (the date of enactment of the law authorizing Emergency Impact Aid for Displaced Students).

I certify that my children named above, to the best of my knowledge and belief, were enrolled or were eligible to be enrolled in a school in an area for which the Federal Government later declared a major disaster or emergency related to Hurricanes Harvey, Irma, and Maria, or 2017 California wildfires and, as a result, are displaced students.

**Name of Parent/Guardian:**

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**Signature:**

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**Date:**

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