

Dear Parents and Guardians:

All of our school families are asked to review and complete the Student Income Form. This information is very important to ensure our continued participation in the Federal programs. These programs provide a variety of materials and services for the students, teachers, and our school. These programs are just a few benefits our students receive from your tax dollars and we do not want to lose it.

Thank you for your assistance and cooperation with this information. Please feel free to contact me if you have any questions.

Sincerely,

Mrs. Terri Cento Principal

STUDENT INCOME FORM

Why should you complete the student income for if your child does not eat school meals?

In order to receive money for e-rate, technology, and connectivity, each family must complete this form. The income levels do affect other federal programs from which our school benefits.

For eligible elementary schools, the amount of federal funds your school building receives is dependent on the return of this competed form. These funds, known as Title I, pay for additional educational services for students who are failing or at risk of failing to meet the same high standards as everyone else in the school. Our district provides additional tutoring in reading and mathematics. Title I requires that funds be given to schools based on the number of children from low-income families.

While the amount of money each school receives depends on the number of children from low-income families, the tutoring services are based on the academic need of the students regardless of income level.

What happens if you fill out this form?

- Your name will not be given out to anyone except your district.
- Your school building may be able to get more money.
- That money may be used:
 - To hire teachers
 - To buy materials
 - For technology
 - For connectivity
- Your student or other students may get extra help with reading and mathematics at the elementary level.

	Eligible	Eligible for Free Lunches									
Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Household size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$25,142	\$2,096	\$1,048	\$ 967	\$ 484	1	\$17,667	\$1,473	\$ 737	\$ 680	\$ 34
2	33,874	2,823	1,412	1,303	652	2	23,803	1,984	992	916	45
3	42,606	3,551	1,776	1,639	820	3	29,939	2,495	1,248	1,152	57
4	51,338	4,279	2,140	1,975	988	4	36,075	3,007	1,504	1,388	69
5	60,070	5,006	2,503	2,311	1,156	5	42,211	3,518	1,759	1,624	81
6	68,802	5,734	2,867	2,647	1,324	6	48,347	4,029	2,015	1,860	930
7	77,534	6,462	3,231	2,983	1,492	7	54,483	4,541	2,271	2,096	1,04
8	86,266	7,189	3,595	3,318	1,659	8	60,619	5,052	2,526	2,332	1,16
Each additional person:	+ 8,732	+ 728	+ 364	+ 336	+ 168	Each additional person:	+ 6,136	+ 512	+ 256	+ 236	+ 11
To determine eligibility, use the above table and fill in the table below using your family income.						To determine eligibility, use the above table and fill in the table below using your family income.					
Total number of people living in the household?	Total Annual Income?	Frequency of income?				Total number of people living in the household?	Total Annual Income?	Frequency of income?			
		Monthly	Twice Monthly	Two Weeks	Weekly			Monthly	Twice Monthly	Two Weeks	Weekly

□ Y	es, my household qualifies for es, my household qualifies for lo, my household does not qua	Reduced Lunch
for other b	•	rt of the free lunch program; however, by providing this information, we may qualify r teachers, technology, and other resources. Thank you for helping us maximize rogram.
	Name: Address: City, State, Zip _	
	By signing below	I verify the information I have given on this form:
	Signature:	Date:

Does your household qualify for free or reduced lunches? Please complete the form below: