|  |  |  |
| --- | --- | --- |
| **Local Education Agency** |  | **Non-Public/Private School** |

**The information gathered from this survey will help determine our school’s eligibility for participation in Title I, Part A services for extra academic support for the 2020 – 2021 school year*. The information requested below is confidential. You do not have to list student or family names.***

**Please complete and return this survey to the principal’s/administrator’s office the next school day.**

***Thank you for participating and supporting our school.***

1. **Please complete one survey form *for each child* in your family who attends our school. We *only need the student’s home address and grade level* in order to apply for services.**

|  |  |  |
| --- | --- | --- |
| **Street Address** |  | **City, State and Zip Code** |

**Student’s Current Grade Level**

1. **On the chart below, in the “Family Size” column, circle the total number of persons living at the household address listed above.**
2. **On the same row as the number circled in the “Family Size” column, check in the “Less Than” column if your total yearly household income is less than the amount listed next to the “Family Size” number you circled. If it is more than the amount listed do not check the column.**

| **FAMILY SIZE** | **HOUSEHOLD INCOME** | **LESS THAN** |
| --- | --- | --- |
| **1** | **$23,107** |  |
| **2** | **$31,284** |  |
| **3** | **$39,461** |  |
| **4** | **$47,636** |  |
| **5** | **$55,815** |  |
| **6** | **$63,992** |  |
| **7** | **$72,169** |  |
| **8** | **$80,346** |  |
| **9** | **$88,523** |  |
| **10** | **$96,700** |  |

**Check all items below that apply to this student.**

**This student is or has been:**

**\_\_\_ In Head Start \_\_\_ Homeless \_\_\_ In Foster Care**