

ST. GABRIEL CONSOLIDATED SCHOOL

Family Income Survey

School Year 2020-2021

August, 2020

To the Parents/Guardians:

Federal programs provide a variety of materials and services for children, teachers and our school. Federal Income guidelines determine dollars available to us which is why it is necessary to complete the Household Income Form. **Please complete this form and return it with your child to school by the 1st day of school.** Thank you for your cooperation.

Student Information: Please print the names of each child attending St. Gabriel Consolidated School:

Last Name	First Name	Date of Birth	Sex	Grade

Circle if child is: Foster Child Ward of Court Welfare Recipient Food Stamp Recipient

Household Income: Please circle the total number of household members, whether they receive income or not. If the total income is more than any of the amounts on the line to the right of your total number of household members, please circle the X.

Total Number in Household	Yearly (or less)	Circle if the income is higher than listed
1	\$16,588	X
2	\$22,412	X
3	\$28,236	X
4	\$34,060	X
5	\$39,884	X
6	\$45,708	X
7	\$51,532	X
8	\$57,356	X
For each additional Household member	\$ 5,824	X

Certification and Signature: I certify that all of the above information is true and correct, and that all income is reported. I understand that this information is being given for the receipt of federal funds, and that this information is confidential.

Signature of Parent/Guardian _____ Date _____

Address _____

District of Residence _____ Public School of Residence _____