

FAMILY SURVEY
2024-2025

A) Find your family size and the annual gross income level listed beside it on the chart printed below.

Family Size	Annual Rate
1*	\$ 27,861
2	\$ 37,814
3	\$ 47,767
4	\$ 57,720
5	\$ 67,673
6	\$ 77,626
7	\$ 87,579
8	\$ 97,532
For each additional family member add	+\$ 9,953

*This may be a foster child, an emancipated youth, or a special education child over age 18.

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

Is your annual income equal to or less than this amount? Yes___ No___

Is your family eligible for food stamps? Yes___ No___

B) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) Yes___ No___

C) Are any of your children eligible to receive
medical assistance under the Medicaid program Yes___ No___

D) We have not checked any of the above boxes because
we do not wish to share this information in writing. Yes___ No___

Family Name (**print**): _____ # of family members___

Address (home location not mailing): _____

Public school district in which you reside: _____

List your child(ren)'s **name(s)**, **grade level(s)**, and the **public school building(s)** the child(ren) would attend if you had not chosen our school.
