Family Income Form

In order to determine if we will receive federal Title I funds for reading and/or mathematics or other services, certain information is needed. Please complete this form and submit it via fax or email to the information provided. List only those students enrolling.

Student Information

Please print the name of all children enrolling.

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTH DATE</th>
<th>SEX</th>
<th>GRADE</th>
<th>DISTRICT OF RESIDENCE (WHERE YOU LIVE)</th>
<th>INDICATE IF CHILD IS A FOSTER CHILD, WARD OF COURT, OR FOOD STAMP RECIPIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Calculating Household Income

In order to determine if we will receive Title I funds, you will have to calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all others related and unrelated in your household). See lists below of the type of income to report.

Earnings from work:
- Wages/salaries/tips
- Strike benefits
- Unemployment Compensation
- Worker’s Compensation
- Net income from self-owned business or farm

Pensions/Retirements/Social Security:
- Pensions
- Supplemental Security Income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony:
- Public assistance/welfare payments
- Alimony/child support payments

Other Income:
- Disability benefits
- Interest dividends
- Cash withdrawn from savings
- Estate/trusts/investments
- Regular contributions from person(s) not living in household
- Net royalties/annuities/net rental income

Household Income

Total number of all household members, whether they receive income or not: ________

Total of all household members’ income before taxes or anything else is taken out. Fill in the one that is easiest for you to calculate:

$ ____________________ OR $ ____________________ OR $ ____________________

annually    OR    monthly    OR    weekly

Certification and Signature

I certify that all of the above information is true and correct, and that all income is reported. I understand this information is being given for the receipt of federal funds, and that school officials may verify the information on the form.

Parent/Guardian’s Signature: ___________________________ Date: ___________________________

Student’s Name: ___________________________ Student’s Home Phone: ___________________________