

HOLY FAMILY
ACADEMY

601 North Laurel Street
Hazleton, PA 18201
Phone: (570) 455-9431
www.holyfamilyacademy.info

Dear Parents and Guardians:

Holy Family Academy participates in several Federal Education Programs under ESSA, *Every Student Succeeds Act*. These programs provide our school with a variety of educational services.

A portion of this funding is made available to us through your tax dollars, and since it is one of the few ways in which we receive benefits from *your* tax dollars, we certainly don't want to lose it.

In order to determine the funding we receive, we must have an accurate record of two pieces of information:

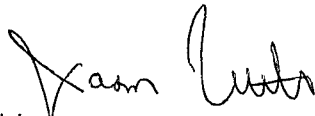
- your family's income and your household size as they pertain to the chart found on the ***Family Survey***,
- the public school district where your family resides.

This information is required by the Department of Education in order for our students and faculty to continue to receive support for these programs and services. All information will be kept in strict confidence. The form will not be shared with anyone and will only be used to determine eligibility. **You need only supply your address (number and street of your home, city and zip code). Please do not list a PO Box, the actual street name and number must be provided. You do not need to place names on the chart, only grade(s) of your student(s).**

If you have any questions or concerns about this process, please don't hesitate to call our school office. **Please return the completed survey no later than September 25, 2019,** and thank you for your cooperation!

Sincerely,

Mr. Jason Tribbet



Principal

FAMILY SURVEY 2019-2020

Find and circle your family size and the annual gross income level listed beside it on the chart below.
The amounts are the GROSS income levels.

INCOME CHART			
Family Size	Annual Income	Monthly Income	Weekly Income
1 *	\$23,107	\$1,926	\$445
2	\$31,284	\$2,607	\$602
3	\$39,461	\$3,289	\$759
4	\$47,638	\$3,970	\$917
5	\$55,815	\$4,652	\$1,074
6	\$63,992	\$5,333	\$1,231
7	\$72,169	\$6,015	\$1,388
8	\$80,346	\$6,696	\$1,546
For each additional family member add	\$8,177	\$682	\$158

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

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

- A) Is your annual income less than this amount? Yes _____ No _____
 Is your family eligible for food stamps? Yes _____ No _____
- B) Are you receiving TANF Cash Assistance? Yes _____ No _____
 (Temporary Assistance for Needy Families, formerly AFDC or Public Assistance)
- 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 _____

Family Name (please print): _____

Address (Street, City, Zip Code): _____

Public school district attendance area in which you reside: _____

List name(s) and grade level(s) of your child/children attending our school:
