**Title I Family Survey Form**

**PLEASE COMPLETE ONE SURVEY PER FAMILY**

SCHOOL NAME: **Saint Paul Catholic School**

1. Family Full Street Address (not PO Box), including zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address is in:

\_\_\_\_\_Escambia County \_\_\_\_\_Santa Rosa County \_\_\_\_\_Other

3. Please indicate the number of children living in your household who are **currently enrolled** at each grade level at St. Paul Catholic School. Do not list student names. *(For example, if you have 2 children in first grade and 1 child in third grade currently enrolled at St. Paul, place a “2” beside first grade and a “1” beside third grade. Return one form only for your family.)*

\_\_\_\_ Kindergarten \_\_\_\_ Fifth Grade

\_\_\_\_ First Grade \_\_\_\_ Sixth Grade

\_\_\_\_ Second Grade \_\_\_\_ Seventh Grade

\_\_\_\_ Third Grade \_\_\_\_ Eighth Grade

\_\_\_\_ Fourth Grade

4. Locate your family size in the table below. If your **monthly** income is **EQUAL TO** **or**

**LESS** than the amount listed next to your family size, **please check here \_\_\_\_\_\_\_\_\_.**

|  |  |
| --- | --- |
| **FAMILY SIZE** | **INCOME EARNED EACH MONTH**  \*Funding Year 2019-2020  *(Before taxes, social security, health benefits, union dues or other deductions)* |
| **1** | **$1,872** |
| **2** | **$2,538** |
| **3** | **$3,204** |
| **4** | **$3,870** |
| **5** | **$4,536** |
| **6** | **$5,202** |
| **7** | **$5,868** |
| **8** | **$6,534** |
| **For each additional family member, add $666** |  |

5. Is your family qualified for food stamps?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

6. Are you receiving Temporary Assistance to Needy Families (TANF) Assistance?

(Formerly Aid to Families with Dependent Children or Public Assistance)

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_

**Please return this form to the school by Friday, February 8, 2019 in the envelope provided.**