

ST. GREGORY THE GREAT ACADEMY
4680 Nottingham Way
Hamilton Square, New Jersey 08690

September 2016

Dear Parents,

The attached survey is needed by all of our sending SCHOOL DISTRICTS to ensure that St. Gregory's is allocated all the financial state and federal aid that we are entitled to receive. Kindly complete this survey and return to school by **SEPTEMBER 9, 2016**. Thank you.

Sincerely,
 Dr. Briggs, Principal

The Improving America's Schools Act of 1994 re-authorized federal legislation to continue to provide a variety of programs, materials, and services to children and teachers in private schools similar to those provided to public school students and teachers. These activities are enhanced by additional federal funds provided for areas having families whose income falls below specific levels or who benefit from other federal assistance programs. In order for the students to benefit from these additional funds, it is very important to know how many children in each non-public school come from these families.

Please review the attached survey and simply indicate by a "Yes" or "No" if you meet the criteria. This information is essential and ALL INFORMATION WILL BE KEPT CONFIDENTIAL.



FAMILY SURVEY - 2016-2017

Find your family size and annual income level on the chart below and answer the following questions:

FAMILY SIZE			
	Federal Poverty Level	Reduced Price Meals	Free Meals
1	\$11,880.00	\$21,978.00	\$15,444.00
2	\$16,020.00	\$29,637.00	\$20,826.00
3	\$20,160.00	\$37,296.00	\$26,208.00
4	\$24,300.00	\$44,955.00	\$31,590.00
5	\$28,440.00	\$52,614.00	\$36,972.00
6	\$32,580.00	\$60,273.00	\$42,354.00
7	\$36,730.00	\$67,951.00	\$47,749.00
8	\$40,890.00	\$75,647.00	\$53,157.00
for each add'l member, add	\$4,780.00	\$8,843.00	\$6,214.00

- Is your family income less than the amount in column 1 (Federal Poverty)? Yes_____ No_____

 Is your family income less than the amount in column 2 (Reduced Price Meals)? Yes_____ No_____

 Is your family income less than the amount in column 3 (Free Meals)? Yes_____ No_____
- Are you receiving assistance under the Aid to Families with Dependent Children program? Yes_____ No_____
- Are any of your children eligible to receive medical assistance under the Medicaid program? Yes_____ No_____

SIGNATURE _____

NAME (please print) _____

ADDRESS _____
