

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

September 2018

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 15, 2018**. 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 - 2018-2019**

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	12,140	22,459	15,782
2	16,460	30,451	21,398
3	20,780	38,443	27,014
4	25,100	46,435	32,630
5	29,420	54,427	38,246
6	33,740	62,419	43,862
7	38,060	70,411	49,478
8	42,380	78,403	55,094
for each add'l member, add	4,320	7,992	5,616

- 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 \_\_\_\_\_

\_\_\_\_\_