

To: Elementary and Secondary Principals

From: Christian V. Riso,
Assistant Superintendent of Government Services & Special Projects

RE: Parent Income Survey

Date: July 31, 2024

The Telecommunications Act of 1996 (E-Rate) makes provisions for deep discounting of certain expenses related to the use of the new technologies. Title I is the federal program that helps with academic remediation. To qualify for these programs, as well as for other programs and grants, it is necessary for each school to know the income information that is collected in the enclosed survey. This survey is based on the survey used for the federal lunch program. However, if the parents completed a 2024-2025 lunch form they do not have to complete both. Just add those numbers to this report.

To qualify for these programs, schools will have to take a poverty count of their students. There are a number of different categories that can be used to qualify a student for these programs, although some categories are only to be used for Title I and not E-Rate. The categories are described in the next section.

The first two categories below are used when calculating both E-Rate and Title I. A qualified student comes from a family:

1. whose income falls below the cut-offs for qualifying a student to receive a reduced-price lunch from the National School Lunch Program.
2. which receives food stamps;

The remaining two categories below are also used when calculating Title I. A qualified Title I student may also come from a family:

1. which receives Temporary Assistance to Needy Families (TANF) benefits;
2. The category that automatically qualifies a student is that the student is a foster child.

After the surveys are returned, please tally the following:

1. total the number of students that checked at least one “yes” on any question, and
2. of that number, the number of students that checked at least one “yes” on Questions #1 or #2 only.

Catholic School Family Survey 2024-2025 Tally Sheet
For School Use Only

School: _____

Address: _____

City/State: _____

1. Number of students that checked YES to **any of the categories** on the Catholic School Family Survey. Also include any students who submitted a free/reduced lunch form and qualified but did not complete the Catholic School Family Survey:

_____ Please count students, not families.

(This number indicates those students who are low-income as designated by the Title I program)

- In order to arrange for Title I services, separate these students by public school district and then share each list with the corresponding public school district.

2. Number of students that checked YES to **category A or B** on the Catholic School Family Survey. Also include any students who submitted a free/reduced lunch form and qualified but did not complete the Catholic School Family Survey:

_____ Please count students, not families.

(This number indicates those students who are low-income as designated by the E-Rate program)

Total 2024-2025 PreK-12 Student Enrollment: _____

Total of #2 divided by Total Student Enrollment: _____ (% needed for E-Rate)

Principal: _____

Date: _____

Please retain all surveys
and the tally sheet for your records.

Sample Parent Letter 1

[Insert Date]

Dear Family:

We need your help! [Name of private school] has an opportunity for the children who really need extra academic support to receive it through the Title I program under the “*Every Student Succeeds Act*”, but we can’t do it without YOU! These extra services will only come to the students at our school if you fill out the attached survey.

In order to determine the funding available for this wonderful program, we must have an accurate count of children from low-income families. I want to assure you that your privacy will be protected. *Only* the address and grade levels are provided to the public school district providing this program so that its staff members can determine the funding for the Title I program for any eligible children.

The information you provide on the survey also can be used to help our school apply for discounts on costs related to our internet infrastructure and service; once we receive your response we will certainly be applying for these discounts. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

Thank you for giving this your immediate attention. Your response is critical to allowing our school to access funds to improve our internet capabilities and service children in need of academic assistance. If you have any concerns or questions, please call me at [insert phone number and email address].

Sincerely,

[Private school principal]

Enclosure

Sample Parent Letter 2

[Insert Date]

Dear Families,

Our local school districts are responsible for implementing a federal education program called Title I, which offers instructional services to public and private school children who are at risk of failing. The additional instruction provided by the Title I program helps participating children acquire the knowledge and skills they need to meet challenging achievement standards.

We have an opportunity for our children to receive these services, but I need you to complete the enclosed family survey form. The information you provide will determine the amount of funds the school districts have available to provide these special services to our students. All you need to do is circle the YES or NO after each question. Your answers will be strictly CONFIDENTIAL.

This information you provide is very important and will help our children to continue to participate in the Title I education program. Please help us help your children. Additionally, this information can also be used to help our school apply for discounts on costs related to our internet infrastructure and service; once we receive your response we will certainly be applying for these discounts. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

Please return your family survey form to my office in an envelope marked with my name and "Confidential Information." I need your response no later than [insert date]. Your response is critical to allowing our school to access funds to improve our internet capabilities and service children in need of academic assistance.

If you have any questions please call me at the school office at [insert telephone number]. Thank you for all that you do for our children.

Sincerely,

Principal

Enclosures

CATHOLIC SCHOOL FAMILY SURVEY 2024-2025

Family (Last) Name (required) - Please print: _____
Address (required): _____
City/State (required): _____ Zip (required): _____
Public school district in which you reside (required): _____

Total number of people living in your household (required): _____
Annual gross income (optional): \$ _____

List names and grade level of all your children attending our school:

Student Grade (required):	Student First and Last Names (required):
_____	_____
_____	_____
_____	_____

☐ If applicable, check this box and list any additional children on the back of this form.

Circle your family size and the annual gross income level listed beside it on the chart printed below.
In question "A" below, please indicate if your gross income is at or below the income level circled.

2024-2025 Federal Reduced Price Lunch Eligibility Scale

Household Size	Annual Gross income	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$27,861	\$2,322	\$1,164	\$1,072	\$536
2	\$37,814	\$3,152	\$1,575	\$1,455	\$702
3	\$47,767	\$3,981	\$1,991	\$1,838	\$919
4	\$57,720	\$4,810	\$2,405	\$2,220	\$1,110
5	\$67,673	\$5,640	\$2,820	\$2,603	\$1,302
6	\$77,626	\$6,469	\$3,235	\$2,986	\$1,493
7	\$87,579	\$7,299	\$3,650	\$3,369	\$1,685
8	\$97,532	\$8,128	\$4,064	\$3,752	\$1,876
For each additional family member add:	\$9,953	\$830	\$415	\$383	\$192

- A. Is your family's income equal to or less than any of the amounts listed next to the number you circled?
Yes _____ No _____
- B. We qualify for Food Stamps.
Yes _____ No _____
- C. We qualify for Temporary Assistance to Needy Families (TANF).
Yes _____ No _____
- D. Our child is a foster child.
Yes _____ No _____
- E. Is your family eligible for medical assistance under Medicaid?
Yes _____ No _____

Please check this box if you checked "No" for all statements above (A-E):

☐

Name of Parent or Guardian (Please Print): _____

Signature of Parent or Guardian: _____

CATHOLIC SCHOOL FAMILY SURVEY 2024-2025 ADDITIONAL STUDENTS

Family (Last) Name (required) - Please print: _____

Public school district in which you reside (required): _____

List the names and grade levels of all your children attending our school who are not already listed on the front of this form:

Student Grade (required):

Student First and Last Names (required):

[illegible][illegible]