St. John School District

School Year 2023-24 Family Income Survey

Return this form to: St. John School District

301 W. Nob Hill St.John, WA. 99171

To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey.

Step 1: List **all students** living with you that are attending school.

Student's Last Name	Student's	First	Name	•	Mide Initi	l Date o	f Birth					Sch	ool						Grade	!
Step 2: Are any of the listed studen	its: 🔲 In Foster	Care	Ex	perien	cing F	lomelessne	ss 🗌	Recei	ving Mi	igran	t Education Serv	vices								
Step 3: Do any household member	s participate in:		Basic F	ood	TAN	IF 🗌 Food	Distrib	oution	on Ind	lian R	eservation (FDP	IR)								
Step 4: Household Income: List all	household memb	ers e	even if	they d	lo not	receive inc	ome. F	or ead	ch hous	sehol	d member listed	l, rep	ort to	tal gro	ss inc	come (before	taxes	and	deduct	ons)
Names of ALL other household members (do not include students listed above	" "	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Public Assistance/ Child Support/ Alimony	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Pensions/ Retirement/ Social Security (SSI)	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly	Any Other Income Not Already Listed	Paid Weekly	Paid Bi-weekly	Paid Twice per Month	Paid Monthly
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
Step 5: Contact Information & Sign I promise that the information based on the information I give to support my child's education	on this income s e. I understand th	nat sc					-													
Printed Name of Adult Household M	ember	_		Adu	lt Hou	sehold Mem	ber Sig	nature	2			Ī	E-mai	l Addres	ss					
Mailing Address				=		City, State,	& Zip C	ode			Da	ytime	Phon	ie	-	Date				

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St. John School District's Non-Discrimination Statement This institution is an equal opportunity provider.

		SCHOOL USE ONLY - D	O NOT WRIT	TE BELOW THIS	LINE				
ANNUAL INCO	OME CONVERSION: Weekly x 52; Bi-Weekly	x 26; Twice per month x 24; Month	ly x 12.	(Do NOT co	nvert to annual incom	e unless househ	old reports multiple	pay frequer	ncies).
APPROVAL:	☐ Basic Food/TANF/FDPIR/Foster☐ Income Household	Total Household Size Total Household Income	\$ <u></u>		Weekly	Bi-Weekly	2x per Month	Monthly	Annual
Family Income S	Survey qualifies for household at or below th	ne income eligibility guidelines listec	l below:	Yes	☐ No				
Date Notice Sent	Signature of	Approving Official		Date	e				

Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

	Income										
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly						
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519						
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702						
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885						
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068						
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251						
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434						
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616						
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799						
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183						