



115 Pine Street
Zelienople, PA 16063
phone 724-452-9731
fax 724-452-4064
email schooloffice@stgregzelie.org
www.stgregzelie.org

Dear Parent/Guardian,

We need your help! St. Gregory School has an opportunity for children who need extra academic support to receive it through the Title I program under *No Child Left Behind Act*, but we can't do it without you. These extra services, including reading and math, will only come to the children if you fill out the attached survey.

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

This information is very important and it will help our children to continue to participate in the Title I education program. Please help us to help your children.

Please return your family survey form to my office. I need them no later than **Monday, September 9th**. Remember this information is **CONFIDENTIAL**.

Thank you for all you do for our children.

Sincerely,

A handwritten signature in black ink that reads "Mrs. Harris".

Mrs. Erin Harris
Principal

Enclosure: Parent Survey (see reverse)

FAMILY SURVERY 2019-20

Find and circle your family size and the annual gross income level listed beside it on the chart printed below. The amounts are the GROSS income levels.

INCOME CHART			
Family Size	Annual	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
Each Add'l Add	8,177	682	158
*This may be a foster child, an emancipated youth, or a special education child over age 18.			

Please note: If you are paid on a weekly or monthly basis, please multiply this amount into an annual figure for comparison based on the weeks or months you actually work each year.

- | | | | | |
|---|-----|-------|----|-------|
| A) Is your annual income less than this amount? | Yes | _____ | No | _____ |
| Is your family eligible for food stamps? | Yes | _____ | No | _____ |
| B) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) | Yes | _____ | No | _____ |
| C) Are any of your children eligible to receive medical
assistance under the Medicaid program? | Yes | _____ | No | _____ |
| D) We have not checked any of the above boxes because
we do not wish to share this information in writing. | Yes | _____ | | |

Family Name (please print) _____

Address _____

Public school district in which you reside _____

List name(s) and grade(s) of your child/ren attending our school _____
