

2019 – 2020 NSLP Worksheet – Forest Charter School

Student First Name:	Student Middle Name:	Student Last Name:

Our school may qualify for various federal and state grants this year. By taking time to fill out this income survey, **you can help us provide the additional resources necessary to serve all of our students.** It is our goal to provide students with the best opportunity to learn that we can offer, but we need your help. Generally, schools whose families have eligible incomes based on the free and reduced lunch programs may qualify for special grants. Please note that these grants are only based upon the number of students that would **qualify** for free and reduced lunch programs if such a program was offered, even when school lunch programs are not available. Please review the eligibility requirements below to determine if you would be eligible. Finally, please return this questionnaire to the school. Thank You.

Step 1: Check Family Size (ONE BOX ONLY)

Step 2: Check the estimated yearly combined income for everyone in the household* (ONE BOX ONLY)

Household Size	Annual Income	Annual Income	Annual Income	Annual Income
<input type="checkbox"/> 1	<input type="checkbox"/> \$0 to \$12,490	<input type="checkbox"/> \$12,491 to \$16,237	<input type="checkbox"/> \$16,238 to \$23,107	<input type="checkbox"/> \$23,108+
<input type="checkbox"/> 2	<input type="checkbox"/> \$0 to \$16,910	<input type="checkbox"/> \$16,911 to \$21,983	<input type="checkbox"/> \$21,984 to \$31,284	<input type="checkbox"/> \$31,285+
<input type="checkbox"/> 3	<input type="checkbox"/> \$0 to \$21,330	<input type="checkbox"/> \$21,331 to \$27,729	<input type="checkbox"/> \$27,730 to \$39,461	<input type="checkbox"/> \$39,462+
<input type="checkbox"/> 4	<input type="checkbox"/> \$0 to \$25,750	<input type="checkbox"/> \$25,751 to \$33,475	<input type="checkbox"/> \$33,476 to \$47,638	<input type="checkbox"/> \$47,639+
<input type="checkbox"/> 5	<input type="checkbox"/> \$0 to \$30,170	<input type="checkbox"/> \$30,171 to \$39,221	<input type="checkbox"/> \$39,222 to \$55,815	<input type="checkbox"/> \$55,816+
<input type="checkbox"/> 6	<input type="checkbox"/> \$0 to \$34,590	<input type="checkbox"/> \$35,591 to \$44,967	<input type="checkbox"/> \$44,968 to \$63,992	<input type="checkbox"/> \$62,993+
<input type="checkbox"/> 7	<input type="checkbox"/> \$0 to \$39,010	<input type="checkbox"/> \$39,011 to \$50,713	<input type="checkbox"/> \$50,714 to \$72,169	<input type="checkbox"/> \$72,170+
<input type="checkbox"/> 8	<input type="checkbox"/> \$0 to \$43,430	<input type="checkbox"/> \$43,431 to \$56,459	<input type="checkbox"/> \$56,460 to \$80,346	<input type="checkbox"/> \$80,347+

Household Size: _____ **Annual Income:** _____

Assistance Programs – Choose one of the following: none snap calworks fdpir

If a program was circled above, please enter the case number: _____

* Annual household income: Check yearly gross earnings (before deductions) from work for all household members. (Include any income received by a child from full-time or regular part-time employment. Include income received for a child from SSI, Welfare, Child Support, or Adoption Assistance Payments).

Should the field checked and circled above indicate that my student is eligible/qualified for the National School Lunch Program, I choose NOT-PARTICIPATE.

The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. Â§ 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution

I certify that all of the statements and information given above are true and correct to the best of my knowledge:

Parent Printed Name: _____

X _____ **X** _____

Parent Signature Date

Office Use Only:		Reviewed By:		
<input type="checkbox"/> FPL	<input type="checkbox"/> Free	<input type="checkbox"/> Reduced	<input type="checkbox"/> Eligible but choosing Non-Participation	<input type="checkbox"/> Not Eligible