



SETON LASALLE CATHOLIC HIGH SCHOOL

In Faith and Charity

August 2018

Dear Parents:

Through the Intermediate Unit, Seton LaSalle Catholic High School participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which your children receive benefits from your tax dollars. We certainly do not want to lose these benefits. Please review the enclosed survey and simply answer yes or no to the questions. This information is very important in order for us to continue receiving support from these programs. ***All information will be kept confidential.***

It is important that we receive a survey back from **every** school family.

Please return the attached form by Thursday, August 23, 2018. Don't hesitate to call if you have any questions about the survey.

Thank you for your assistance!

In Faith and Charity,

A handwritten signature in black ink, appearing to read "Lauren E. Martin".

Lauren E. Martin
Principal



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FAMILY SURVEY 2018-2019

July
2018

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 *	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
For each additional family member add	+7,992	+666	+154

* 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? Yes _____ No _____
(Temporary Assistance for Needy Families, formerly AFDC or Public Assistance)
- C) Are any of your children eligible to receive medical assistance under the **Medicaid** program? Yes _____ No _____
- D) **Please** check "yes" in this box if you do not wish to share this information in writing. Yes _____



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Family Name (Please print.) _____

Address _____

Public school district in which you reside: _____

Name of School Building(s) your children would attend in public school _____

List name(s) and grade level(s) of your child/children attending our school:
