



ST. IGNATIUS, MARTYR, CATHOLIC SCHOOL

120 W. Oltorf, Austin, Texas 78704 Tel: 512.442.8547 Fax: 512.442.8685 <http://www.st-ignatius.org>

Wednesday, September 4, 2013

Dear Parents/Guardians,

Please review the enclosed questions and simply indicate by a **YES** or **NO** if you meet the criteria. This information is very important to insure our continued participation in the Federal programs currently providing your children with a variety of materials and services. It is one of the few benefits they receive from your tax dollars and we certainly don't want to lose it (last year our students qualified for over \$5,000 in services). Please return this form no later than Friday September 13, 2013. **All information will be kept in confidence.**

Thank you for your assistance with this survey. Please do not hesitate to contact us if you have any questions.

Sincerely,

Todd A. Blahnik
Principal



ST. IGNATIUS, MARTYR, CATHOLIC SCHOOL

120 W. Oltorf, Austin, Texas 78704 Tel: 512.442.8547 Fax: 512.442.8685 <http://www.st-ignatius.org>

2013 2014 FAMILY SURVEY

A) Find your family size (all adults and children living with you) and the annual gross income level listed beside it on the chart printed below.

<u>Family Size</u>	<u>Annual Income</u>	
One*	\$ 21,257	*This may be a foster child that is your responsibility, or a special education child over age 18.
Two	\$ 28,694	
Three	\$ 36,131	
Four	\$ 43,568	
Five	\$ 51,005	
Six	\$ 58,442	
Seven	\$ 65,879	
Eight	\$ 73,316	

For each additional family member (i.e. more than eight), add **\$7,437**.

Check Yes or No as it applies to your family:

Is your annual income less than the given amount for the number of people in your family? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

B) Are you receiving assistance under the Aid to Families with Dependent Children Program (A.F.D.C.)? 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 because we do not wish to share this information in writing. _____

Family Name _____
Address _____
City _____

Public school district in which you reside: _____

List names and grade level of your children in our school:
