

SAINT CHARLES SCHOOL
A Lumen Christi School
7325 Westview Drive
Youngstown, Ohio 44512

Dear Parents,

EVERY FAMILY MUST fill out this form and return it to the youngest or only child's homeroom teacher by **Friday, August 28, 2015** whether your child qualifies or not in the low income guidelines listed below. This information is **EXTREMELY IMPORTANT** to determine the level of participation of nonpublic school students in other government-sponsored programs.

Please list your children attending St. Charles School and their class grade and indicate the **SPECIFIC PUBLIC SCHOOL** your child would attend **IF NOT ATTENDING ST. CHARLES**. (Ex: Tom Thomas, Grade 1, Canfield Local Schools, Hilltop, or Youngstown Local Schools, Sheridan, or Boardman Local Schools-Center Middle School, etc.)

<u>Child's Name</u>	<u>Grade/Homeroom</u>	<u>Public School District and Specific Building</u>

The Education Consolidation and Improvement Act of 1981 requires that each year the nation's school-age children be permitted to determine the number of low-income students for the purpose of Title I of that act which provides federal monies for students who are educationally and economically disadvantaged. This money is used to develop educational programs to assist the qualified students to improve their basic educational needs.
The following United States Department of Agriculture family-size income criteria may be used in determining eligibility.

INCOME GUIDELINES FOR THE 2015-2016 SCHOOL YEAR

<u>FAMILY SIZE (Including Parents)</u>	<u>INCOME PER YEAR</u>
1	\$ 21,775.00
2	\$ 29,471.00
3	\$ 37,167.00
4	\$ 44,863.00
5	\$ 52,559.00
6	\$ 60,255.00
7	\$ 67,951.00
8	\$ 75,647.00
<u>Each Additional Family Member</u>	<u>\$7,696.00</u>

Other methods of determining a family's economic status are:

1. Family receiving ADC payments,
2. Family receiving Soldier Relief Benefits,
3. Family receiving food stamps,
4. Family receiving aid from Catholic Charities, Salvation Army, etc., for operating expenses,
5. Family's main wage earner being unemployed (beyond benefits), ill or incapacitated for an extended period of time.

Please indicate whether your family is eligible by checking the appropriate line: _____yes _____no

In either case (yes or no), please sign this letter below and return it to **St. Charles School by Friday, August 28, 2015**

Signature of Parent or Guardian

Signature of Principal

