

Dear Parent/Guardian/Head of Household:

Completing this survey can be beneficial to some students. Students attending iGrad may be eligible for additional assistance with tuition, test fees, the cost of books and transportation if their household is eligible for free or reduced meals. To determine if a household is eligible, the head of household completes this alternate income survey form designed to collect community household economic information. This Family Income Survey provides iGrad a way to verify if a household qualifies for free and reduced meals. Households that do qualify, this provides access to students to receive additional services, if needed. Please complete and return this form to the iGrad office within 5 days of enrolling. **PLEASE NOTE: DO NOT COMPLETE THIS SURVEY if you have received a letter stating your student is directly certified and qualifies for free or reduced meals or if the household has already submitted a free or reduced meal application form for 2017-18.**

Part 1. HOUSEHOLD SIZE: Check the box below the number that equals the number of people who live in your household. (**HOUSEHOLD** is defined as all persons, including parents, children, grandparents, and all people related or unrelated who live in your home and share living expenses. If you are applying for a household with a foster child, you may include the foster child in the total household size.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Larger than 15, indicate number below

Part 2: STUDENTS: Please fill in the following information for all children living with you that are attending school in the Kent School District

Student's Last Name	Student's First Name	MI	Date of Birth	School	Grade

OSPI provides equal access to all programs and services without discrimination based on sex, race, creed, religion, color, national origin, age, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability. Questions and complaints of alleged discrimination should be directed to the Equity and Civil Rights Director at (360) 725-6162/TTY: (360) 664-3631 or P.O. Box 47200, Olympia, WA 98504-7200.

Part 3. HOUSEHOLD INCOME: Figure out what total income earned monthly, twice per month, every two weeks, weekly, or annually in your household. Look at the chart below and check the box of the row where your total household income is included in one of the ranges. (**HOUSEHOLD INCOME** is considered to be any taxable income each household member received before taxes. This includes wages, social security, pension, unemployment, welfare, child support, alimony, and any other cash income. If including a foster child as part of the household, you must also include the foster child's personal income. Do not count foster payments as income.)

Check box that indicates total income your household earns	How Often Payment is Received				
	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual
<input type="checkbox"/>					
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IF GREATER THAN ANY OF THE OPTIONS ABOVE, WRITE IN INCOME IN CORRECT COLUMN					
<input type="checkbox"/>	\$	\$	\$	\$	\$

Part 3. HEAD OF HOUSEHOLD SIGNATURE: I certify (promise) that all information on this application is true and that all income is reported. I understand that iGrad will get state and federal funds based on the information I give. I understand that school officials may verify (check) this information. I understand if I purposely give false information that I may be prosecuted. I understand my child's economic status may be shared with other programs/agencies as allowed by law.

Signature: _____ Print Name: _____
Date: _____ Phone: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

Office Use Only ___ Yes ___ No	
_____ REVIEWED BY	_____ DATE