

Form: ***Online Pell Grant Form Rev 2** Student: **Eshika Manu** Gender: **Female**

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

PELL Grant Information Form 2016-2017

The Pell Grant and Title II Survey is designed to collect information to assist the district in applying for additional state funding. All information gathered is kept confidential. By filling out the following survey, you will help make sure we receive the most funding possible from the state for your child's school.

Student Name: **Eshika Manu**

Grade: **PK**

Student ID:

Campus:

Did you receive a Pell Grant or are you eligible for Title II of Job Training Partnership Act (JTPA)

Recibe Pell Grant o Participa en (JTPA)

☒ **Yes/Si** ☐ **No**

SIGNATURE (FIRMA) Please check one of the following two boxes as appropriate.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

En conformidad con lo dispuesto en la enmienda a la Protección de los Derechos del Alumno (PPRA), no se requerirá a los estudiantes, como parte de cualquier programa financiado en su totalidad o en parte por el Departamento de Educación de EU, completar encuestas, análisis o evaluaciones que revelen información que concierne a los ingresos (adicional a la requerida por la ley para determinar elegibilidad para participación en un programa o para recibir asistencia financiera bajo ese programa), sin previo consentimiento escrito por el estudiante adulto, padre o tutor legal.

Por favor, marque una de las siguientes casillas.

☒ I certify that all the information on this form is true. I understand the school may receive federal funds and may be rated for accountability based on the information I provide.

La informació anterior es verdadera y correcta de acurado a mis conocimientos

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Elegí no proporcionar esta información. Entiendo que el desembolso de la escuela de los fondos federales y clasificación de responsabilidad puede verse afectado por mi elección

Parent/Guardian Name: **Sowmya Manu**

Escribir

Digital Signature Acknowledgement: **Yes/Si**

Firma

Date: **06/28/2016**

Fecha

