

**ST. GREGORY THE GREAT ACADEMY**  
**4680 Nottingham Way**  
**Hamilton Square, New Jersey 08690**

September 2019

Dear Parents,

The attached survey is needed by all of our sending SCHOOL DISTRICTS to ensure that St. Gregory's is allocated all the financial state and federal aid that we are entitled to receive. Kindly complete this survey and return to school by **SEPTEMBER 13, 2019**. Thank you.

Sincerely,  
 Dr. Briggs, Principal

The Improving America's Schools Act of 1994 re-authorized federal legislation to continue to provide a variety of programs, materials, and services to children and teachers in private schools similar to those provided to public school students and teachers. These activities are enhanced by additional federal funds provided for areas having families whose income falls below specific levels or who benefit from other federal assistance programs. In order for the students to benefit from these additional funds, it is very important to know how many children in each non-public school come from these families.

Please review the attached survey and simply indicate by a "Yes" or "No" if you meet the criteria. This information is essential and ALL INFORMATION WILL BE KEPT CONFIDENTIAL.



**FAMILY SURVEY - 2019-2020**

Find your family size and annual income level on the chart below and answer the following questions:

FAMILY SIZE			
	Federal Poverty Level	Reduced Price Meals	Free Meals
1	12,490	23,107	16,237
2	16,910	31,284	21,983
3	21,330	39,461	27,729
4	25,750	47,638	33,475
5	30,170	55,815	39,221
6	34,590	63,992	44,976
7	39,010	72,169	50,713
8	43,430	80,346	56,459
for each add'l member, add	4,420	8,177	5,746

- Is your family income less than the amount in column 1 (Federal Poverty)? Yes\_\_\_\_\_ No\_\_\_\_\_
   
 Is your family income less than the amount in column 2 (Reduced Price Meals)? Yes\_\_\_\_\_ No\_\_\_\_\_
   
 Is your family income less than the amount in column 3 (Free Meals)? Yes\_\_\_\_\_ No\_\_\_\_\_
- Are you receiving assistance under the Aid to Families with Dependent Children program? Yes\_\_\_\_\_ No\_\_\_\_\_
- Are any of your children eligible to receive medical assistance under the Medicaid program? Yes\_\_\_\_\_ No\_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME (please print) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_