SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

FAMILY INCOME DATA
PUBLIC EDUCATION INFORMATION MANAGEMENT SYSTEM

STUDENT ID:

1. DEMOGRAPHIC INFORMATION - *Parents, please print the following information:*

School: _____

Name of Student: _____ Grade:
Last *First* *Middle*

SSN: Date of Birth: Age: Gender: ☐ Male ☐ Female

Name of Parent/Guardian:

Home Address: City/Zip:

Home: Work: Mobile:

Emergency Contact: Relationship: Phone:

2. INCOME - *Complete only part A* ***or*** *B*

The District has determined that it is more cost effective to provide free lunches to all SAISD students rather than qualify individual students for the free or reduced lunch program based on income. Despite SAISD's decision to implement this practice, the Texas Education Agency still requires the District to provide information to TEA concerning the number of students in the District that would have qualified for the free or reduced lunch program. The following information will not be used for any purpose other than to meet the requirements mandated by the Texas Education Agency for accountability purposes.

A. If your child has a Food Stamp or AFDC/TANF number, list the number and complete part 3 below:
FOOD STAMP _____ case number, **or AFDC/TANF** _____ case number.

B. If your child **does not** have a Food Stamp or AFDC/TANF number, follow the directions below and check one box, then complete part 3 below.

1. Find the row with the total number of people in your household (e.g., mother, father and 3 children = 5)
2. Calculate the total family income of *all* family members.
3. If you know the total income for the year, look in the *annual* column. If you know the total weekly income, look in the *weekly* column.
4. If your income is equal or less than the amount in that column, check the box *Yes, Qualifies*. If your income is more than the amount in that column, check the box *No, Does Not Qualify*.

☐ ***Yes, Qualifies*** *(Code 99)*
☐ ***No, Does Not Qualify*** *(Code 00)*

Household Size	FAMILY INCOME TOTAL									
	Annual		Monthly		Twice per Month		Every two weeks		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	13,273	18,889	1,107	1,575	554	788	511	727	256	364
2	17,797	25,327	1,484	2,111	742	1,056	685	975	343	488
3	22,321	31,765	1,861	2,648	931	1,324	859	1,222	430	611
4	26,845	38,203	2,238	3,184	1,119	1,592	1,033	1,470	517	735
5	31,369	44,641	2,615	3,721	1,308	1,861-	1,207	1,717	604	859
6	35,893	51,079	2,992	4,257	1,496	2,129	1,381	1,965	691	983
7	40,417	55,517	3,369	4,794	1,685	2,397	1,555	2,213	778	1,107
8	44,941	63,955	3,746	5,330	1,873	2,665	1,739	2,4-06	865	1,230
For each additional family member, add:	4,524	6,438	377	537	189	269	174	248	87	124

3. *I/ We understand and agree that if I/we knowingly falsify information on this enrollment application form, I/we will be liable to the San Antonio Independent School District if the student is not eligible for enrollment in the District but is enrolled on the basis of false information. I/We understand that I/we will be subject to the penalty provided by Section 37.10 of the Texas Penal Code, and I/we will be liable under Texas Education Code §25.001(h) for the period during which the ineligible student is enrolled for the greater of:*
(1) The maximum tuition fee the District may charge under Texas Education Code §25.038; or
(2) The amount the District has budgeted for each student as maintenance and operating expenses.

Signature of Parent/Legal Guardian: _____ Date: _____

Received by (School Official): Date:

This form is to be retained on file in the student's PRC.

San Antonio Independent School District does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education services, activities, and programs, including vocational programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended.