School Year 2022 - 2023 Economically Disadvantaged Form

	even if your student attends a Community Elig	
School:Gra	de:Student Number:	
Student Name:		
Please select the income rang	ge that represents the total annua	l gross income:
O Less than \$25,142	O Between \$51,338 and \$60,070	0
O Between \$25,142 and \$33,874		O Between \$86,266 and \$94,998 O Between \$94,998 and \$103,730
O Between \$33,874 and \$42,606	6 Between \$68,802 and \$77,534	O Between \$103,730 and \$112,462
O Between \$42,606 and \$51,338	Between \$77,534 and \$86,266	O Between \$112,462 and \$121,194
Please select the total number of people in your household:		
O one (1)	O Five (5)	O Nine (9)
O Two (2)	O six (6)	O Ten (10)
O Three (3)	O Seven (7)	O Eleven (11)
O Four (4)	O Eight (8)	O Twelve (12)
Signature: I certify that all information reported. I understand that this inform	provided on this form is true to the best of mation will impact federal and state funding to	ny knowledge and that all household income is the school.
Sign Here:	Date:	
Print Name:		
For Office use only:		
Q ualified	Not Qualified	