

Wagoner Public Schools
Economically Disadvantaged Form
School Year: 2023 - 2024

This application should be completed even if your student attends a Community Eligibility or Provision School.

School: _____ Grade: _____ Student Number: _____

Student Name: _____

Please select the income range that represents the total annual gross income:

- | | | |
|---|---|---|
| <input type="radio"/> Less than \$23,828 | <input type="radio"/> Between \$49,025 and \$57,424 | <input type="radio"/> Between \$82,621 and \$91,020 |
| <input type="radio"/> Between \$23,828 and \$32,222 | <input type="radio"/> Between \$57,424 and \$65,823 | <input type="radio"/> Between \$91,020 and \$99,419 |
| <input type="radio"/> Between \$32,227 and \$40,626 | <input type="radio"/> Between \$65,823 and \$74,222 | <input type="radio"/> Between \$99,419 and \$107,818 |
| <input type="radio"/> Between \$40,626 and \$49,025 | <input type="radio"/> Between \$74,222 and \$82,621 | <input type="radio"/> Between \$107,818 and \$116,217 |
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Please select the total number of people in your household:

- | | | |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> One (1) | <input type="radio"/> Five (5) | <input type="radio"/> Nine (9) |
| <input type="radio"/> Two (2) | <input type="radio"/> Six (6) | <input type="radio"/> Ten (10) |
| <input type="radio"/> Three (3) | <input type="radio"/> Seven (7) | <input type="radio"/> Eleven (11) |
| <input type="radio"/> Four (4) | <input type="radio"/> Eight (8) | <input type="radio"/> Twelve (12) |
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Signature: I certify that all information provided on this form is true and to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Print Name: _____ Date: _____

Signature: _____

For Office use only:

Qualified

Not Qualified