

**Gary ISD Socioeconomic Information Form**

**\*CONFIDENTIAL\***

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_

Student Date of Birth \_\_\_\_\_ School Name \_\_\_\_\_ Student ID \_\_\_\_\_

*Gary ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

**SECTION A**

Do you receive Supplemental Nutrition Assistance (SNAP)?  Yes  No  
 Do you receive Temporary Assistance to Needy Families (TANF)?  Yes  No

*If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.*

SECTION B (Complete only if all answers in SECTION A are NO)

**Income for Adult Household Members (Include Yourself, But Not Children)**

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

First/Last Name (Include children with income)	Work Earnings (Enter amount)	Frequency (Circle one)	Public Assistance/Child Support/Alimony (Enter amount)	Frequency (Circle one)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter amount)	Frequency (Circle one)	All Other (Enter amount)	Frequency (Circle one)
1.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
2.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
3.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
4.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
5.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
6.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
7.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA
8.	\$	WETMA	\$	WETMA	\$	WETMA	\$	WETMA

**Total Household Member** (Count all children & adults living in the household) \_\_\_\_\_

**SIGNATURE** 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.*

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

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.

\_\_\_\_\_  
 Parent/Guardian Name (Print)                      Parent/ Guardian Signature                      Date