(Template)

**School Year 2024 - 2025**

**Economically Disadvantaged Form**

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

School: Grade: Student Number:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
|  Less than $27,861 |  Between $57,720 and $67,673 |  Between $97,532 and $107,485 |
|  Between $27,861 and $37,814 |  Between $67,673 and $77,626 |  Between $107,485 and $117,438 |
|  Between $37,814 and $47,767 |  Between $77,626 and $87,579 |  Between $117,438 and $127,391 |
|  Between $47,767 and $57,720 |  Between $87,579 and $97,532 |  Between $127,391 and $137,344 |

Please select the total number of people in your household:

|  |  |  |
| --- | --- | --- |
|  One (1) |  Five (5) |  Nine (9) |
|  Two (2) |  Six (6) |  Ten (10) |
|  Three (3) |  Seven (7) |  Eleven (11) |
|  Four (4) |  Eight (8) |  Twelve (12) |

Signature: I certify that all information provided on this form is true 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.

**Sign Here**: **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office use only:**

 Qualified Not Qualified