



July, 2009

Dear Family/Guardian,

We need your help! Oakland Catholic High School has an opportunity for children who need extra academic support to receive it through the Title I program under *No Child Left Behind Act*, but we can't do it without you! These extra services, including reading and math, will only come to the children if you fill out the attached survey.

We have an opportunity for our children to receive these services, but I need your help to complete the enclosed family survey form. The information you provide will determine the amount of funds that will be available for these special services. All you need to do is circle the YES or NO after each question. Your answers will be strictly **CONFIDENTIAL**. Only I will use this information.

This information is very important and it will help our children to continue to participate in the Title I education program. Please help us to help your children.

Please return your family survey form to my office. I need them no later than **August 10, 2009**. Remember this form must be returned before your daughter can pick up her schedule. Thank you for all you do for our children.

Sincerely,

Dr. Maureen Marsteller
Principal

Enclosure: Parent Survey

FAMILY SURVEY 2009-2010

July 2009

Find your family size and the annual gross income level listed beside it on the chart printed below.

INCOME CHART			
Family Size	Annual	Monthly	Weekly
1 *	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member add	+6,919	+557	+134

* This may be a foster child, an emancipated youth, or a special education child over age 18.

Please Note: if you are paid on a weekly or monthly basis, please multiply this amount into an annual figure for comparison based on the weeks or months you actually work each year.

- A) Is your annual income less than this amount? Yes _____ No _____
 Is your family eligible for food stamps? Yes _____ No _____
- B) Are you receiving TANF Cash Assistance? Yes _____ No _____
 (Formerly AFDC or Public Assistance)
- C) Are any of your children eligible to receive medical assistance under the **Medicaid** program? Yes _____ No _____
- D) We have not checked any of the above boxes because we do not wish to share this information in writing. Yes _____

Family Name (please print) _____

Address _____

Public school district in which you reside: _____

Name of School Building your children would attend in this district: _____

List name(s) and grade level(s) of your child/children attending our school:
