

TITLE I **DUVAL COUNTY PUBLIC SCHOOLS** 2020-2021

Your child's school is trying to qualify for extra services for their students. Please help by following the directions below to complete this form and return it to the school. All information is kept confidential and is only used to determine funding for the entire school, not individual students.

Income Determination Form for Private Schools

and

Your family's home address:	zip code	
Name of Private School:Guardian Catholic School		_
	and attending this calcal baturage	
Grade levels of all children living in your household a Kindergarten-12th grade: Format for response is 8th grade, 2r	•	
Using the chart below locate your family size (total number of people in your family, not just children) are the minimum income earned each month. Then answer the three questions below:		
Is your monthly income equal to or less than month column? Yes No (Please circle yes or no and process) Yes No (Please circle yes or no and process)	the amount listed below in the "Ir nd please circle family size below	
Family size	Income earned each month*	
1	\$1,968	
2	\$2,658	
3	\$3,349	
4	\$4,040	
5	\$4,730	
6	\$5,421	
7	\$6,112	
8	\$6,802	
For each additional family member, add \$691		
*Federal Register/Vol. 85, No. 55/Friday, March 20, 2020; Agriculture, (Effective from July 1, 2020 to June 30, 2021) 2. Does your family qualify for food stamps?No 3. Are you receiving Temporary Assistance to N (Formerly Aid to Families with Dependent Children YesNo	eedy Families (TANF)?	artment of

Please return this form to your child's school. Thank you for your assistance.