

#### PE ELL SCHOOL DISTRICT

NO. 301

Post Office Box 368
519 N. 2nd Street
Pe Ell, Washington 98572
(360) 291-3244 ● Fax (360) 291-3823

Board of Directors Cecile Baggenstos, Chair Mara McGrath, Vice Chair Chad Burnett, Legislative Representative Jason Phelps Seth Sharp

District Administration
Kyle MacDonald, Superintendent
Bobby McCalden, Business Manager
Brandon Pontius, K-8 Principal
Keith Shepherd, HS Dean of Students/AD
Julie Castro, Secretary
Lisa Miller, District Secretary

August 24, 2023

Dear Parent/Guardian:

Our school is participating in a federal program available to select schools as part of the National School Lunch and School Breakfast Program called Community Eligibility Provision (CEP). This means that all students attending Pe Ell School are eligible to receive breakfast and lunch at no charge throughout the 2023-24 school year, regardless of family or household income. However, some of the education programs the district provides are funded from state dollars that require our school to collect household information for all students attending CEP schools.

In order to collect the information, the Office of the Superintendent of Public Instruction (OSPI) has developed the Family Income Survey. The Family Income Survey is used to capture information and ensure the district/school receives all of the funding it is entitled to for other state funded education programs.

Please take a moment to complete this form and return it to your student's school. Your participation is essential in order for us to provide OSPI with the information they need and ensure Pe Ell School will continue to receive critical state funding for these educational programs. Also, please complete and return the Consent to Share form if you qualify based on income for waived/decreased fees for participation in other school programs as listed on the form.

Thank you in advance for your cooperation in this important matter. If you have any questions, please contact me at 360-291-3244 x3042.

Sincerely,

Melissa Holmes

Pe Ell School Food Service Director/Supervisor

Meliona Holmes

## Pe Ell School District

# School Year 2023-24 Family Income Survey

Return this form to: PE ELL SCHOOL

Complete one income survey per household

might qualify for. The information provided may also qualify your student for additional supports. It is important that you complete this survey. households that are at or below designated income levels. The Family Income Survey collects household income information that is used to see what additional funding the school To ensure all students have equitable access to a high-quality public education, schools receive additional education funding based on the number of enrolled students who are from

Step 1: List all students living with you that are attending school.

Printed Name of Adult Household Member	based on the information I give. I understand that school officials may check the information. I understand to support my child's education as allowed by law.	I promise that the	Step 5: Contact Information & Signature I promise that the information on thi	Step 5: Contact Inform	Step 5: Contact Inform	Step 5: Contact Inform	Names of ALL other household members (do not include students listed above)  Step 5: Contact Information & Signatu	Step 2: Are any of the listed students:	Step 2: Are any of the I Step 3: Do any househ Step 4: Household Inco  Names of ALL other hou (do not include studen  Step 5: Contact Inform I promise that the	Step 2: Are any of the I Step 3: Do any househ Step 4: Household Inco Names of ALL other hou (do not include studen Step 5: Contact Inform I promise that the	Step 2: Are any of the I Step 3: Do any househ Step 4: Household Inco Names of ALL other hou (do not include studen I promise that the	Step 2: Are any of the I Step 3: Do any househ Step 4: Household Inco Names of ALL other hou (do not include studen I promise that the
usehold Member	promise that the information on this income survey is true and that all income is reported. I understand that my child's school may qualify for additional state and federal funds based on the information I give. I understand that school officials may check the information. I understand my child's income status may be shared with other programs or agence support my child's education as allowed by law.	ion & Signature	۸ ۷	\$	\$		ed students:					Student's Last Name
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Adult Household Member Signature	l income is re theck the info					Public Assistance/ Child Support/ Alimony	Experiencing Homelessness Ic Food TANF Food Dinn if they do not receive incom					al Date of Birth
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	hat my child's school may qualify for additional state and federal funds my child's income status may be shared with other programs or agencies	•	\$	\$	\$	Pensions/ Retirement/ Social Security (SSI)	Education Services eservation (FDPIR) member listed, re					
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Mailing Address	Printed Name of Adult Household Member
City, State, & Zip Code	Adult Household Member Signature
Daytime Phone	E-mail Address
Date	

Pe Ell School District may not discriminate on the basis of sex, race, color, creed, religion, national origin, age, disability, marital status, sexual orientation, gender identity and expression, veteran or military status, or the use of a service animal by a person with a disability, and must provide equal access to all designated youth groups. For questions or complaints, please contact Pe Ell School District's Equity and Civil Rights Office at PO Box 368, Pe Ell, WA 98572 or at (360)291-3244, Compliance Officer, Kyle MacDonald, kmacdonald@peell.k12.wa.us; Title IX Officer, Keith Shepherd, kmacdonald@peell.k12.wa.us.

		SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE	FE BELOW THIS LINE				
ANNUAL INCO	ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12.	x 26; Twice per month x 24; Monthly x 12.	(Do NOT convert to annual income unless household reports multiple pay frequencies).	e unless househ	old reports multiple	pay frequen	cies).
APPROVAL:	☐ Basic Food/TANF/FDPIR/Foster ☐ Income Household	Total Household Size Total Household Income \$	Weekly	Bi-Weekly	2x per Month Monthly Annual	Monthly	Annual
Family Income St	urvey qualifies for household at or below th	Family income Survey qualifies for household at or below the income eligibility guidelines listed below:	Yes				
Date Notice Sent	Signature of	Signature of Approving Official	Date				

## Income Eligibility Guidelines Effective from July 1, 2023, through June 30, 2024

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	Months	Weekiy	\$519	\$702	\$885	\$1,068	\$1,251	\$1,434	\$1,616	\$1,799	\$183
	Every Two	Weeks	\$1,038	\$1,404	\$1,769	\$2,135	\$2,501	\$2,867	\$3,232	\$3,598	\$366
Income	Twice Per	Month	\$1,124	\$1,521	\$1,917	\$2,313	\$2,709	\$3,105	\$3,502	\$3,898	\$397
	Monthly	WOLLIN	\$2,248	\$3,041	\$3,833	\$4,625	\$5,418	\$6,210	\$7,003	\$7,795	\$793
	Annual	Allindar	\$26,973	\$36,482	\$45,991	\$55,500	\$62,009	\$74,518	\$84,027	\$93,536	\$9,509
Household Size			T	2	m	4	ស	9	7	<b>∞</b>	For each additional household member, add:

### CONSENT TO SHARE PROGRAM ELIGIBILITY INFORMATION FOR OTHER SCHOOL PROGRAMS 2023-24 School Year

If you qualify for free or reduced-price meals based on household size or income or, if you receive Basic Food, Temporary Assistance for Needy Families (TANF), Food Distribution on Indian Reservations (FDPIR), or have been Directly Certified as eligible for free meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduced-price meals.

You must check the box for each program you would like to participate in and sign the form to allow your eligibility status to be shared for other program benefits.

Check to participate	Title of school program	How the shared information will be used
	ASB ATHLETICS	WAIVE/DECREASE FEES
	ASB CLUBS	WAIVE/DECREASE FEES
	ASB DANCES	WAIVE/DECREASE FEES
	CLASS FEES	WAIVE/DECREASE FEES
Print Student Na	ame(s) here:	
Signature of Pare	ent/Guardian:	Date:
Email Address: _		Phone:

This institution is an equal opportunity provider.