



# 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

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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



PE ELL School District's Non-Discrimination Statement

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, kshepherd@peell.k12.wa.us; and 504 Coordinator, Kyle MacDonald, kmacdonald@peell.k12.wa.us.

**SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE**

ANNUAL INCOME CONVERSION: Weekly x 52; Bi-Weekly x 26; Twice per month x 24; Monthly x 12. (Do NOT convert to annual income unless household reports multiple pay frequencies).

APPROVAL:  Basic Food/TANF/FDPIR/Foster Total Household Size \_\_\_\_\_ Weekly  Bi-Weekly  2x per Month  Monthly  Annual   
 Income Household \$ \_\_\_\_\_ Total Household Income \$ \_\_\_\_\_ Weekly  Bi-Weekly  2x per Month  Monthly  Annual

Family Income Survey qualifies for household at or below the income eligibility guidelines listed below:  Yes  No

Date Notice Sent \_\_\_\_\_ Signature of Approving Official \_\_\_\_\_ Date \_\_\_\_\_

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

Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
4	\$55,500	\$4,625	\$2,313	\$2,135	\$1,068
5	\$65,009	\$5,418	\$2,709	\$2,501	\$1,251
6	\$74,518	\$6,210	\$3,105	\$2,867	\$1,434
7	\$84,027	\$7,003	\$3,502	\$3,232	\$1,616
8	\$93,536	\$7,795	\$3,898	\$3,598	\$1,799
For each additional household member, add:	\$9,509	\$793	\$397	\$366	\$183

**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
<input type="checkbox"/>	ASB ATHLETICS	WAIVE/DECREASE FEES
<input type="checkbox"/>	ASB CLUBS	WAIVE/DECREASE FEES
<input type="checkbox"/>	ASB DANCES	WAIVE/DECREASE FEES
<input type="checkbox"/>	CLASS FEES	WAIVE/DECREASE FEES
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**Print Student Name(s) here:**


Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

This institution is an equal opportunity provider.