

## TROUP COUNTY SCHOOL SYSTEM HOUSEHOLD INCOME DATA REV. 2/10

**Note to Parents:** Troup County School System may use your child's eligibility for free and reduced price meals (as determined by your household income) as a factor in determining to which school your child will be assigned. You are not required to disclose your income or your child's free or reduced lunch meal status for these purposes. If you choose not to disclose this information, your child's eligibility for free or reduced priced meals will **not** be affected. If you choose not to disclose your household income or your child's free or reduced lunch status, Troup County School System will assume, for purposes of student assignment only, that your child is not eligible for free and reduced price meals. **This form is not an application for free or reduced lunch. Applications are available at each school.**

**Child Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_  
 Work Telephone: \_\_\_\_\_  
 Number of people in Household: \_\_\_\_\_

Does your family qualify for:

1. TANF \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Food Stamps \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Free or Reduced Lunch \_\_\_\_\_ Yes \_\_\_\_\_ No
  - Has this **child** been approved for free/reduced meals? Yes \_\_\_\_\_ No \_\_\_\_\_
  - Is a **brother or sister** approved for free/reduced meals? Yes \_\_\_\_\_ No \_\_\_\_\_
  - What is the brother's or sister's name? \_\_\_\_\_
4. **CIRCLE** below the weekly, every 2 weeks, twice per month, monthly **OR** yearly income that pertains **to your household**.

WEEKLY	EVERY 2 WEEKS	TWICE PER MONTH	MONTHLY	YEARLY
0-386	0-771	0-835	0-1670	0-20,036
387-519	772-1037	836-1124	1671-2247	20,037-26,955
520-652	1038-1303	1125-1412	2248-2823	26,956-33,874
653-785	1304-1569	1413-1700	2824-3400	33,875-40,793
786-918	1570-1836	1701-1988	3401-3976	40,794-47,712
919-1051	1837-2102	1989-2277	3977-4553	47,713-54,631
1052-1184	2103-2368	2278-2565	4553-5130	54,632-61,550
1185-1317	2369-2634	2566-2853	5131-5706	61,551-68,469

**IMPORTANT! PLEASE SIGN THE FOLLOWING STATEMENT:**

I have read this release and understand its terms and sign it voluntarily.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**For office use only: FPRL: Yes \_\_\_\_\_ No \_\_\_\_\_**