Dallas ISD is required to collect the socioeconomic status of each student as a performance indicator for student achievement (TEC 39 for Texas state requirements and ESEA sections 1111 and 1116 for U.S. Department of Education requirements) and for use in disbursement of federal funds (ESEA section 1113). This information may also be shared with district education and health programs to help them evaluate, fund, or determine benefits for their programs.

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? □ Yes  □ No
Do you receive Temporary Assistance to Needy Families (TANF)? □ Yes  □ No

If you answered YES on either of the above, skip SECTION B and continue to SECTION C.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? ____________

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS _______________________

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker’s compensation, unemployment and all other sources of income (before any type of deductions)

SECTION C (Check one of the following two boxes as appropriate and sign below.)

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☐ I certify that all the information on this form is true. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school’s disbursement of federal funds and accountability rating may be affected by my choice.

__________________________ ___________________________ ________________
Parent/Guardian Name (Print)  Parent/Guardian Signature  Date