



San Felipe Del Rio Consolidated Independent School District

Socioeconomic Information Form

2021 - 2022

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

School Name _____ Student ID _____

San Felipe Del Rio CISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.

Step 1:

Do any Household Members (including yourself) currently participate in one or more of the following assistance programs?

☐ SNAP, TANF, or FDPIR

If you did not check the box, **go to Step 2.**

If you checked the box above, write the eligibility Determination Group Number (EDG) in the space below:

EDG# _____

Step 2:

How many total 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

Step 3:

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 and that all income is reported. 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 Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Total Annual Income					
No. of Household Members	less than (<) C	Annual Income	Between R	Annual Income	greater than (>) I
1		16,744		23,828	
2		22,646		32,227	
3		28,548		40,626	
4		34,450		49,025	
5		40,352		57,424	
6		46,254		65,823	
7		52,156		74,222	
8		58,058		82,621	
For each additional family member, add		+5,902		+8,399	

Certifying Official Signature _____ Date _____