

Campus Administration Signature

2023-2024 BROWNSVILLE ISD PEIMS ECONOMICALLY DISADVANTAGED SURVEY



CONFIDENTIAL

Student Name	Student Grade	Student Date of Birth	
School Name	Student ID		
Brownsville ISD is required to collect and report the so annual state accountability ratings and for federal reportion income levels indicated for your family are not reported to student as determined by the information provided is rep	ng. Please note that this form to the Texas Education Agenc	is not sent to the Texas Education by. Only the Economically Disadvan	n Agency and that the
SECTION A			
Do you receive Supplemental Nutrition Assistance Do you receive Temporary Assistance to Needy Fa]No es	
If you answered YES on either of the above, skip	SECTION B and continue	to the SIGNATURE section.	
SECTION B (Complete only if all answers in	SECTION Aare NO)	_	
How many members are in the household (include	all adults and children)?		
TOTALYEARLYINCOME BEFORE DEDUCTION Include wages, salary, welfare payments, clunemployment and all other sources of incomplete the sources of incomp	hildsupport,alimony,pensi	ons, Social Security, worker's co	•
\$0 - \$26,973 \$55,501 - 65 \$26,974 - 36,482 \$65,010 - 74 \$36,483 - 45,991 \$74,519 - 84 \$45,992 - 55,500 \$84,028 - 93	,518	6 - 112,554	3 – 141,081 2 – 150,590 1 – 160,099 0 and above
SIGNATURE Please check one of the following In accordance with the provisions of the Protection of any program funded in whole or in part by the U.S. Expressed information concerning income (other than for receiving financial assistance under such prograguardian.	of Pupil Rights Amendmen Department of Education, to that required by law to dete	t (PPRA) no student shall be req o submit to a survey, analysis, o rmine eligibility for participation	r evaluation that in a program or
☐ I certify that all the information on this form is tru funds and will be rated for accountability based on the		orted. I understand the school v	vill receive federal
☐ I choose not to provide this information. I underst rating may be affected by my choice.	and that the school's disbu	rsement of federal funds and ac	countability
Parent/Guardian Name (Print)	Parent/Guardian S	Signature	Date
FOR OFFICE USE ONLY			
/		00 - Does not Qualify	
	99 - Eliş	gible for free meals (Other Economic Disadvar	ntage)

BISD PEIMS 3-23-2023 Revised

Date