

January 23, 2018

Dear Mansfield Christian K-12 Parent/Guardian,

In addition to tuition, we are very blessed to receive additional revenue to provide educational supports and services for our students. In order to qualify for and to continue to receive several specific funds, we need economic information on file for every MCS family, so we can document eligibility for income-based funding. All information will be kept totally confidential. No names will be released.

This is just one piece of information that enables us to receive funding from the **E-rate program, which assists us in paying for technology, phones, wireless, and internet**, *benefitting every family in the school*; **Title II teacher professional development monies** for teachers K-12; and **Title I tutoring**.

Please look over the Income Eligibility Guidelines for the 2017-2018 school year. According to the chart on the right, **if your income exceeds what is listed** for your household size, fill in the required parent/guardian information, and mark the "I am opting out" box on the Family Income Form. The information in those two boxes is all you need to provide. You do not need to report income information if you are opting out. **It is very important that you return the form to the school by February 5, 2018, even if you are just opting out.**

If your income falls within these guidelines, please complete the Family Income Form in its entirety, and return it to the school by February 5, 2018. Please fill in the required parent/guardian information. On the Student Information chart, please list all children's names, grades, school they are attending (Mansfield Christian School), and the public school district in which each child resides. At the bottom of the page, please report the number of people living in your household, and the total amount of annual household income before taxes or anything else is taken out. **Your information will be kept totally confidential. No names will be released; we simply need to know how many families show economic need.**

Income Eligibility Guidelines	
Household Size	Annual Income (before taxes)
1	\$22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
For each additional family member, add	+ 7,733

Thank you for taking the time to fill this out to enable us to provide the best services possible to all of our students. We value our partnership with you and covet your prayers for us.

Sincerely,

Dr. Cy Smith
Superintendent

Family Income Form

School Year 2017-2018

FOR OFFICE USE ONLY		
Eligibility: YES	NO	Date Received: _____
F	R	Number of Students: _____
_____		Processed: _____

To the Parent/Guardian: In order to determine if Mansfield Christian School will receive federal funding for educational support services, specific income information is needed from you. **Please complete this form and return it to your child's school by February 5, 2018. One form must be completed for each family.** Thank you for your cooperation.

Required Parent/Guardian Information	
Address:	_____
City/State/Zip:	_____
Date:	_____

If your income exceeds what is listed for your household size on the Income Eligibility Guidelines, please fill in the Required Parent/Guardian Information and mark the "I am opting out" box.

<input type="checkbox"/>	I am opting out.
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If your household's total income falls within the Income Eligibility Guidelines, please fill in the Required Parent/Guardian Information, complete the Student Information chart, and report your household size and income calculations at the bottom of the page.

Student Information:

Name of Student	Grade	Name of School of Attendance	Name of Public School District			
Mark if Child is:	Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient	Ed Choice	Ed Choice Expansion
Mark if Child is:	Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient	Ed Choice	Ed Choice Expansion
Mark if Child is:	Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient	Ed Choice	Ed Choice Expansion
Mark if Child is:	Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient	Ed Choice	Ed Choice Expansion
Mark if Child is:	Foster Child	Ward of Court	Welfare Recipient	Food Stamp Recipient	Ed Choice	Ed Choice Expansion

Calculating Household Income: Please calculate the total amount of income in your household. Include all income for all household members (include yourself, all children in the home, your spouse, grandparents, and all other related and unrelated members in your household). See the list below of the types of income to report:

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned business or farm

Pensions/Retirement/Social Security

- Pensions
- Supplemental security income
- Retirement income
- Social Security

Public Assistance/Child Support/Alimony

- Public assistance (welfare) payments
- Alimony/child support payments

Other Income

- Disability benefits
- Cash withdrawn from saving
- Interest dividends
- Income from estates/trusts/investments
- Regular contributions from person not living in the household
- Net royalties/annuities/net rental income
- Any other income

1	2
Total number of people living in the household: _____	Total gross annual household income: \$ _____ (before taxes or anything else is taken out)

In column 1, enter the total number of people living in the household, whether they receive income or not. In column 2, enter the total amount of annual income of all those household members. Income reported should be the total before taxes or anything else is taken out.

All information will be kept strictly confidential.