

September 18, 2024

Dear St. Rita School Parents,

We need your help! St. Rita School has an opportunity for children who really need extra academic support to receive it through a Federal Government Title 1 program, Every Student Succeeds Act, but we can't do it without YOU! These extra services will only be provided if you fill out the attached survey, which is found on the *back* of this letter. Services such as extra assistance in reading and math, teacher professional development and parent activities, smart boards and science kits, all may be available through the support of this Title 1 program.

In order to determine the funding available from this wonderful program, we must have an accurate count of children from low-income families, who reside in Hamden. I want to assure you that your privacy will be protected and that no names are required on the family survey form. Each form has a unique identifying number which is used only to monitor the total number of surveys returned. The match between your name and number is confidential. Only the address and grade levels are provided to the school district so that its staff members can determine the funding for the Title 1 program for eligible children.

Our funding not only increases based on the number of qualifying families who meet or fall below the family guidelines, but with the number of responses received. Our school can be eligible for up to \$1,000 per student for each form returned. **Kindly return the** attached form, no later than Friday, September 27th.

Thank you so much for giving this your immediate attention – the survey will only take a minute to complete. If you have any concerns or questions call me at (203) 248-3114 or email me at ptiezzi.stritaschool@gmail.com.

God Bless,

Mrs. Patricia O'Neil Tiezzi, Principal

| Student Name and Grade | | | | | | | |
|---|--------------------|-------------------------|---------------------------|-------------|------------------|--|--|
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| | | E D -4- D | _ | | | | |
| | | E-Rate Program | | | | | |
| | Family Su | rvey for Funding | g Year 2025 | | | | |
| r School will use the information of the children. For example, E-Rate further wing more money to be used for e | nd will fund part | of our Internet bills a | nd help fund improveme | | | | |
| ase complete and return this survise criteria for the school's survey t | • | | | ur income d | loes not meet ar | | |
| ALL INFORMA | ATION GATHERED | IN THE FORM WILL I | BE KEPT STRICTLY CONFI | DENTIAL | | | |
| ease Print] | | | | | | | |
| nily Name: | | | | | | | |
| | | | | | | | |
| dress: | | Zip Code: | | | | | |
| ese sections much be completed b | y head of househ | old or designee: | | | | | |
| Circle the number of people in y | _ | _ | ng ALL children: | | | | |
| Family Size (circle one) | | | Annual Income | | | | |
| 2 | | Less than \$37,814 | | | | | |
| 3 | | Less than \$47,767 | | | | | |
| 4 | | Less than \$57,720 | | | | | |
| 5 | | Less than \$67,673 | | | | | |
| 6 | | Less than \$77,626 | | | | | |
| 7 | | Less than \$87,579 | | | | | |
| 8 | | Less than \$97,532 | | | | | |
| | | | 2000 0 407,002 | | | | |
| For each additional family meml | oer add | \$9,953 each | | | | | |
| Please try to answer the ques | tions bolow. Cl | in any avantions. | ou don't limou the one | | <u> </u> | | |
| Is your income equal to or less to | | | | Yes | No | | |
| Are your children eligible for fre | | | Yes | No | | | |
| 3. Is your family eligible for the Sup | | | Yes | No | | | |
| Does your family qualify for medical assistance under Medicaid? | | | | Yes — | No | | |
| 5. Is your family receiving Supplementary Security Income (SSI)? | | | | Yes — | No | | |
| 6. Does your family receive housin | n 8)? | | Yes | No | | | |
| 7. Does your family receive home energy assistance (LIHEAP)? | | | | Yes | No | | |
| Please list all students in your ho | ousehold that atte | end school. Enter the | e grade that they will be | entering in | Fall 2024. | | |
| Name of Child | | Grade | School | | | | |
| | <u>-</u> | 0.000 | | | | | |
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| Attach additional pages if needed. | | | | | | | |
| Certification: I certify that the a | bove information | is, to the best of my | knowledge, true and co | mplete. | | | |
| | | , | | | | | |
| ned: | | | 1 | Date: | | | |
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