Arp ISD 2026-2027

Socioeconomic Information Form

CONFIDENTIAL

Student Name _____Student Grade_____ Student Date of Birth _____
School Name _____Student ID_____

Arp ISD *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.*

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 the SIGNATURE section.

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 (check one box below):
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)***

☐ $0-20,748	☐ $42,901-50,284	☐ $72,437-79,821	☐ $101,977-109,361
☐ $20,749-28,132	☐ $50,285-57,668	☐ $79,822-87,206	☐ $109,362-124,131
☐ $28,133-35,516	☐ $57,669-65,052	☐ $87,207-94,591	☐ $124,132-131,516
☐ $35,517-42,900	☐ $65,053-72,436	☐ $94,592-101,976	☐ $131,517 and above

SIGNATURE Please check one of the following two boxes as appropriate.

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 Name (Print) *Parent/Guardian Signature* *Date*

**Please feel free to scan qr code to fill out survey online.*