



October 1, 2026

Dear St. Rita School Parents,

St. Rita School students who need extra academic support have the opportunity to receive it through the Every Student Succeeds Act, a Federal Title 1 program, and we need your help. These important services can only be provided if you complete and return the survey form, which you will find on the *back* of this letter. Our funding eligibility increases with the number of responses received, including responses from families whose income falls outside the qualifying brackets. **Please complete the survey and return it to school no later than Tuesday, October 13th.**

I want to assure you that your privacy will be protected and that no names will be provided either to any government entity, including Hamden Public Schools or the Federal Government. Each survey form has a unique identifying number that is used only to monitor the total number of surveys returned.

Thank you for returning this survey promptly to ensure that every eligible student has the resources for academic success.

God Bless,

A handwritten signature in cursive script that reads "Joanna DeMilo-Robinson".

Mrs. Joanna DeMilo-Robinson, Principal

Student Name: _____

Grade: _____

E-Rate Program Family Survey for Funding Year 2027

Our School will use the information on this Survey to maximize our outside funding, which will help us to provide a better education for your children. It is VERY important to return this form to us--even if your income does not meet any of these criteria--for the school's survey to be considered a valid measure by the relevant agencies. *If you have more than one child at St. Rita School, please return one survey form for each child.* Thank you.

ALL INFORMATION GATHERED IN THIS SURVEY WILL BE KEPT STRICTLY CONFIDENTIAL

[Please Print]

Family Name: _____

Address: _____ Zip Code: _____

These sections must be completed by head of household or designee:

A. Circle the number of people in your family on the chart below, including ALL children:

Family Size (circle one)	Annual Income
2	Less than \$40,034
3	Less than \$50,542
4	Less than \$61,050
5	Less than \$71,558
6	Less than \$82,066
7	Less than \$92,574
8	Less than \$103,082
For each additional family member add	+ \$10,508 each

B. Please try to answer the questions below. Skip any questions you don't know the answer to.

- | | |
|---|--------------------|
| 1. Is your income equal to or less than the amount listed next to the number you circled? | Yes _____ No _____ |
| 2. Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)? | Yes _____ No _____ |
| 3. Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps? | Yes _____ No _____ |
| 4. 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 housing assistance (section 8)? | Yes _____ No _____ |
| 7. Does your family receive home energy assistance (LIHEAP)? | Yes _____ No _____ |

C. Please list all students in your household that attend school. Enter the grade that they entered in the fall of 2026.

Name of Child	Grade	School

Attach additional pages if needed.

D. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

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