



Johnson City Schools
HOUSEHOLD INFORMATION SURVEY
2024-2025 School Year



Instructions: Please complete ONE FORM PER HOUSEHOLD and turn in at Your Schools Front Office

Parent(s)/Guardian(s):	1.	2.
Phone Numbers:	1.	2.
Street Address:		
City:	State:	Zip:
Mailing Address (if different):		
Please list the first and last name of <u>ALL STUDENTS</u> residing in your household below:	Date of Birth	Grade
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Check any that apply to <u>ANY MEMBER</u> of your household:		
<input type="checkbox"/> TANF/SNAP	<input type="checkbox"/> Foster	<input type="checkbox"/> Homeless
		<input type="checkbox"/> Migrant
Parent/Guardian Military Status:	<input type="checkbox"/> Active Duty	<input type="checkbox"/> National Guard
		<input type="checkbox"/> Reserve
Total Number in Household (include <u>ALL ADULTS & CHILDREN</u> in your household): _____		
Please check the box below that represents your Annual Gross Income:		
<input type="checkbox"/> Less than \$27,861	<input type="checkbox"/> Between \$67,674 and \$77,626	
<input type="checkbox"/> Between \$27,862 and \$37,814	<input type="checkbox"/> Between \$77,627 and \$87,579	
<input type="checkbox"/> Between \$37,815 and \$47,767	<input type="checkbox"/> Between \$87,580 and \$97,532	
<input type="checkbox"/> Between \$47,768 and \$57,720	<input type="checkbox"/> Between \$97,533 and \$107,485	
<input type="checkbox"/> Between \$57,721 and \$67,673	<input type="checkbox"/> Over \$107,486	
Signature: An adult household member must sign this survey. I certify (promise) that all information on this survey is true, and that all income is reported. I understand that the school will receive federal funding based on the information provided.		
Signature:		Date: