

Student Name: _____ ID Number _____

Income Survey

Dear Parent or Guardian,

The Community Eligibility Provision (CEP) provides healthy breakfast and lunch free of charge to all students at this campus for the 2026-27 school year. We are using this Income Survey to determine if your student would have qualified for free/reduced price meals, resulting in additional benefits for CFISD students.

Additional benefits of qualifying for free/reduced meals include:

- Potential scholarships for summer school classes
- Reduced cost of PE uniforms
- Reduced rate for Club Rewind

How many total people are in the home (children and adults)? CHECK UNDER THE NUMBER

1	2	3	4	5	6	7	8	9	10	11	12 or more
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please select the total yearly income (before deductions) of all members in the home:

We make less than _____ a year. (CHECK UNDER THE DOLLAR AMOUNT)

\$29,526	\$40,034	\$50,542	\$61,050	\$71,558	\$82,066	\$92,574	\$103,082	\$113,590	\$124,098	\$134,606	\$145,114 or more
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Check **ONE (1)** of the boxes below:

☐

I certify all information on this form is true and all income is reported.

OR

☐

I chose not to provide this information and did not fill out the number of people in my home or our yearly income.

Please sign your name below.

Date: ____/____/____

Registrar or Designee Use Only:

Qualified (circle one) Yes No Opt Out

Date data was entered into eSchool ____/____/____

*After entering these data into eSchool, file this form in the students cum folder.