(Template)

School Year 2026-2027

Economically Disadvantaged Form

This application should be completed even if your student attends a Community Eligibility Provision or Provision School.

School:_____Grade:_____Student Number: _____

Student Name:_____

Please select the income range that represents the total annual gross income:

- ◯ Less than $29,526
- ◯ Between $29,526 and $40,034
- ◯ Between $40,034 and $50,542
- ◯ Between $50,542 and $61,050
- ◯ Between $61,050 and $71,558
- ◯ Between $71,558 and $82,066
- ◯ Between $82,066 and $92,574
- ◯ Between $92,574 and $103,082
- ◯ Between $103,082 and $113,590
- ◯ Between $113,590 and $124,098
- ◯ Between $124,098 and $134,606
- ◯ Between $134,606 and $145,114

Please select the total number of people in your household:

- ◯ One (1)
- ◯ Two (2)
- ◯ Three (3)
- ◯ Four (4)
- ◯ Five (5)
- ◯ Six (6)
- ◯ Seven (7)
- ◯ Eight (8)
- ◯ Nine (9)
- ◯ Ten (10)
- ◯ Eleven (11)
- ◯ Twelve (12)

Signature: I certify that all information provided on this form is true to the best of my knowledge and that all household income is reported. I understand that this information will impact federal and state funding to the school.

Sign Here:_____**Date:** _____

Print Name: _____

For Office use only:

- ◯ Qualified
- ◯ Not Qualified