



Student:

Student ID:

Campus:

Confidential Income Survey

During the 2026-27 school year, all students at Sharyland ISD are receiving free breakfast and lunch without having to apply for this benefit! As a result, we must use this income survey to determine if your student would have qualified for free/reduced price meals resulting in additional funding for our campus and the district.

Please share the **TOTAL** number of people in the home (children and adults): (Select one option)

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

Please select the **TOTAL** yearly income (before deductions) of ALL members in the home:

We make *less than* ____ a year:

\$29,526	\$40,034	\$50,542	\$61,050	\$71,558	\$82,066	\$92,574	\$103,082	\$113,590	\$124,098	\$134,606	\$134,606 or more
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐ I choose not to provide this information.											

*For ease of data collection, we only collected data on the minimum required income amount for the number of members in the home.

List all children living in this household and attending a SISD School

Child #1

Child's Full Name: _____ Campus Name: _____ Grade: _____

Child #2

Child's Full Name: _____ Campus Name: _____ Grade: _____

Child #3

Child's Full Name: _____ Campus Name: _____ Grade: _____

Check the box below. (required)

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

Please sign your name below.

Date: ____/____/____

Phone Calls ONLY:

Name of person spoken to: _____

Date Called: ____/____/____

Name of staff making call: _____

Campus Use ONLY:

Date data were entered into Skyward: _____

After entering these data into Skyward, file this form in the student's perm folder.