2026 -2027 Family Economic Data Survey

Eagle County School District

Vail Ski and Snowboard Academy

Complete one form per household. Use a black or blue pen (**NOT** a pencil). See the **Step-By-Step** Instructions for more information.

STEP 1: List all infants, children and students through grade 12 (If you need more space, attach an additional sheet).

Child First Name	MI	Child Last Name	Birth Date (MM/DD/YY)	Grade	Foster Child	Runaway	Homeless	Migrant

Check all that apply. Refer to instructions for info on categories.

Do any household members receive SNAP, TANF/CO Works, or FDPIR benefits? If **YES**, list case number and go to STEP 3. Case # If NO, go to STEP 2.

STEP 2: Report income for all household members, including students.

List all adults in your household. Report their total gross income. If an adult does not have income, write zero (0). Add students in your home that receive income. See instructions for more information.

First and last name of household members	**Earnings from work**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Public Assistance/Child Support/ Alimony**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually	**Pensions/ Retirement/All other income**	Weekly	Every 2 Weeks	Twice a Month	Monthly	Annually
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					
	$						$						$					

Total Number of Household Members (All children and adults that live in your home)

STEP 3: Signature and Contact Information.

"I certify (promise) that all information on this survey is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal, State, and/or Local Education Program funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose access to waivers of fees and the district/school may lose funding, and I may be prosecuted under applicable State and Federal laws."

Mailing Address or PO Box | City | State | Zip Code | Email Address

Home or Cell Phone Number | SIGNATURE of Adult Household Member (Required)

Printed First and Last Name of Signer | Today's Date

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STEP 4: Release of Information

The information provided on this survey will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices to seek enrollment of children into the above programs. Also, if your students qualify this information may be shared with the school or district for the purpose of waiving certain school/district program fees that your children might otherwise be required to pay. The school or district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, and this will not affect your student(s)' eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.

☐ **DO NOT** share information with Medicaid/SCHIP

Share my information with the following programs I've checked:

☐ Advanced Placement (AP) Exam and/or AP Book Fees

☐ List Specific Program

☐ Accelerate College Opportunity Exam and/or Book Fees

☐ List Specific Program

Return completed application to: Enter school/district address

DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE.

Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per month x 24; Monthly x 12

Form Type

☐ Total Household Income: $ _____ Household Size _____

Household Income Frequency ☐ Weekly ☐ Every Two Weeks ☐ Twice a Month ☐ Monthly ☐ Annually

☐ **Categorical Eligibility**

☐ SNAP ☐ FDPIR ☐ TANF ☐ Foster ☐ Homeless/Migrant/Runaway/Head Start

Form Status

Approved ☐ Free ☐ Reduced

Denied ☐ Over Income Guidelines ☐ Incomplete/Missing _____

Notes:

Determining Official Signature: **Approval / Denial Date:** **Notification Sent:**

Note: All types of income must be combined in total household income, not just earnings from work.