



# BISHOP CANEVIN HIGH SCHOOL

OFFICE OF THE PRINCIPAL  
2700 Morange Road | Pittsburgh, PA 15205

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August 19, 2020

Dear Parents or Guardians:

Through the Intermediate Unit, Bishop Canevin High School participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which your children receive benefits from your tax dollars. We certainly do not want to lose these benefits. Please review the attached survey and simply answer Yes or No to the questions. This information is very important in order for us to continue receiving support from these programs. **All information will be kept confidential.**

*It is important that we receive a survey back from every school family.*

Please complete and return the survey to the Main office, marked Confidential, by September 1, 2020. Don't hesitate to call Mrs. Nagy at ext. 212 or myself if you have any questions about completing the survey.

Thank you for your assistance and prompt attention to this matter.

Sincerely,

Michael V. Joyce

Principal.

# FAMILY SURVEY 2020-2021

Find and circle your family size and the annual gross income level listed beside it on the chart printed below. The amounts are the gross income levels.

INCOME CHART			
Family Size	Annual	Monthly	Weekly
1 *	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
For each additional family member add	+8,288	+691	+160

\* This may be a foster child, an emancipated youth, or a special education child over age 18.

**Please Note:** If you are paid on a weekly or monthly basis, please multiply this amount into an annual figure for comparison based on the weeks or months you actually work each year.

- A) Is your annual income less than this amount? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Is your family eligible for food stamps? Yes \_\_\_\_\_ No \_\_\_\_\_
- B) Are you receiving TANF Cash Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(Temporary Assistance for Needy Families, formerly AFDC or Public Assistance)*
- C) Are any of your children eligible to receive medical assistance under the **Medicaid** program? Yes \_\_\_\_\_ No \_\_\_\_\_
- D) **Please** check "yes" in this box if you do not wish to share this information in writing. Yes \_\_\_\_\_

Family Name (Please print.) \_\_\_\_\_

Address \_\_\_\_\_

Public school district in which you reside: \_\_\_\_\_

Name of School Building(s) your children would attend in public school \_\_\_\_\_

List name(s) and grade level(s) of your child/children attending our school:

\_\_\_\_\_

\_\_\_\_\_