2024-2025

Socioeconomic Information Form *CONFIDENTIAL*

| Please list all students in the | family attending Univ | ersity Academy: | | |
|---|---|--|--|--|
| Student Name | | Student Grade | Student Date of Birth | |
| Student Name | | Student Grade | Student Date of Birth _ | |
| Student Name | | Student Grade | Student Date of Birth | |
| Student Name | | Student Grade | Student Date of Birth _ | |
| Select your campus: | UA Longview | UA Palestine | UA Tyler | |
| Agency for purposes of the a the Texas Education Agency | annual state accountal and that the income | bility ratings and for federa levels indicated for your fa | onomic status of each student al reporting. Please note that a amily are not reported to the To mined by the information prov | this form is not sent to exas Education |
| SECTION A Do you receive Suppleme Do you receive Temporary | | ` , — | _ | |
| If you answered YES on e | ither of the above, s | skip SECTION B and co | ntinue to the SIGNATURE | section. |
| SECTION B (Complete o | nly if all answers i | n SECTION A are NO) | | |
| How many members are in | n the household (inc | clude all adults and chil | dren)? | |
| Include wages, sal compensation, unen \$0 - 27,861 \$27,862 - 37,814 \$37,815 - 47,767 | ary, welfare paymer nployment and all other \$57,721 – 67,6 \$67,674 – 77,6 \$77,627 – 87,5 | nts, child support, alimo er sources of income (be 73 | OLD MEMBERS (check one liny, pensions, Social Securifore any type of deductions and above | ity, worker's |
| \$47,768 – 57,720 | S87,580 – 97,5 | 32 | | , |
| | | | |) |
| program funded in whole or i information concerning incon | sions of the Protection n part by the U.S. Dep ne (other than that req | of Pupil Rights Amendmo partment of Education, to puired by law to determine | riate. ent (PPRA) no student shall be submit to a survey, analysis, o eligibility for participation in a f the adult student, parent or le | or evaluation that reveal program or for receiving |
| ☐ I certify that all the info receive federal funds and | | | ome is reported. I understar e information I provide. | nd the school will |
| ☐ I choose not to provide accountability rating may be | | | ool's disbursement of feder | al funds and |
| Parent/Guardian Name (P | rint) | Parent/Guardiar | ı Signature | Date |