

**Preschool, Lower School,
Middle School**

Website: www.cgca.org
Principal: Jeffrey Howard
215-725-3383 - school



6445 Bingham St.
Philadelphia, Pa. 19111

**The Mission of Cedar Grove
Academy is to give a quality
Christian Education emphasizing
traditional Biblical value.**

E-Rate Family Survey

Please complete and return the survey below. It is important that you return this form to us even if your income does not meet any of these criteria in order for the survey to be considered a valid measure.

(Please Print)

Family Name

Street Address

City _____ State _____ Zip _____

I. Please attempt to answer the questions listed below. Skip any questions you don't know the answer to.

Circle the number of people in your family on the chart below, including all children:

Family Size (circle one)	Annual Income	Monthly Income	Weekly Income
1	\$ 20,147	\$ 1,679	\$ 388
2	\$ 27,214	\$ 2,268	\$ 524
3	\$ 34,281	\$ 2,857	\$ 660
4	\$ 41,348	\$ 3,446	\$ 796
5	\$ 48,415	\$ 4,035	\$ 932
6	\$ 55,482	\$ 4,624	\$ 1,067
7	\$ 62,549	\$ 5,213	\$ 1,203
8	\$ 69,616	\$ 5,802	\$ 1,339
For each additional family member add	\$ 7,067	\$ 589	\$136.00

Is your family's income equal to or less than any of the amounts listed next to the number you circled? Yes _____ No _____

Are your children eligible for the NSLP (National School Lunch Program) which provides free or reduced lunches, breakfasts, snacks or milk at their school(s)? Yes _____ No _____

Is your family eligible for food stamps? Yes _____ No _____

Is your family eligible for medical assistance under Medicaid? Yes _____ No _____

Does your family receive Temporary Assistance for Needy Families (TANF)? Yes _____ No _____

Does your family receive Supplementary Security Income (SSI)? Yes _____ No _____

Does your family receive housing assistance (section 8)? Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)? Yes _____ No _____

II. If you answered yes to any of the preceding questions, please list the names of all school children living in your home, including which school they attend.

Name of Child

School

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Return completed survey to CGCA. Remember, the results of this survey will be kept confidential, you will have to contact our Finance Manager at 215 725-3383 if you have any questions if you have any questions about filling out this form.