

Confidential Family Survey and Local Control Funding Formula Data Collection

PLEASE COMPLETE THIS FORM AND RETURN TO YOUR SCHOOL SITE

Dear Parent or Guardian:

We need your help! Your participation is essential to ensure that our schools receive critical State and Federal funding. All information provided is confidential. Your student will receive free meals for the 2024-2025 school year no matter the category.

PART I: Student	t Information	CONTRACTOR OF THE
STUDENT ID STUDENT NAME		DATE OF BIRTH GRADE
LALKI.	MARKING INSTRUCTIONS	SCHOOL
 Make solid marks that fill the response completely. Erase cleanly any marks you wish to change. Complete the entire form: Part I, Part III 		O Rocky Point Charter School

PART II: Household Size and Total Annual Household Income

Household	Category 1	te total annual household income rang Category 2	Category 3		
Size	Total Annual Household Income is Within This Range:	Total Annual Household Income is Within This Range:	Total Annual Household Income is Within This Range:		
1	O \$0-\$19,578	O \$19,578 - \$27,861	O \$27,861 or more		
2	O \$0 - \$26,572	O \$26,572-\$37,814	O \$37,814 or more		
3	O \$0-\$33,566	O \$33,566 - \$47,767	O \$47,767 or more		
4	O \$0-\$40,560	O \$40,560 - \$57,720	O \$57,720 or more		
5	O \$0 - \$47,554	O \$47,544- \$67,673	O \$67,673 or more		
6	O \$0-\$54,548	O \$54,548 - \$77,626	O \$77,626 or more		
7	O \$0 - \$61,542	O \$61,542-\$87,579	O \$87,579 or more		
8	O \$0 - \$68,536	O \$68,536 - \$97,532	O \$97,532 or more		
If household size is greater than 8, list household size and total annual income bebw:					
Household size: Total Annual Income: \$					

Additional Gateway School Age Children Living in your home:

STUDENT ID (If known)	STUDENT NAME Last Name, First Name	DATE OF BIRTH	SCHOOL	GRADE	RELATIONSHIP TO STUDENT ABOVE

PART III: Parent or	Guardian Info	brmation and	Signatu	ure
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I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may rece	ive
state and federal funds based on the information I provide and that the information could be subject to review.	

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PARENT OR	PARENT OR		
GUARDIAN	GUARDIAN		
PRINTED NAME	SIGNATURE	 DATE	



Rocky Point Charter School

"Today We Learn, Tomorrow We Lead" www.rockypointcharter.com

Enrollment Packet 2024-2025

Please fill out, sign and return the following forms in this packet. ☐ Registration Form ☐ Student/Parent Handbook ☐ Technology Policy ☐ Emergency Medical Information ☐ Internet Use Agreement (be sure to complete BOTH sides) ☐ Release of Information Authorization ☐ Confidential Family Survey – EVEN THOUGH ALL STUDENTS WILL RECEIVE FREE MEALS FOR THE 2024-25 SCHOOL YEAR, IT IS CRITICALLY IMPORTANT TO COMPLETE THE CONFIDENTIAL FAMILY SURVEY THAT MAY BRING SIGNIFICANT ADDITIONAL FUNDS TO RPCS THROUGH SUPPLEMENTAL AND CONCENTRATION GRANTS. ☐ Cell Phone/Smart Watch Contract (optional if child has a phone or watch) ☐ Housing Questionnaire Optional Form (only complete and return if applicable) School Medication Authorization Form - Please have your doctor complete this form only if your child has a medication you need us to administer at school. Do not send medication of any kind to school with your child without this completed form signed by your doctor on file in our office. The following forms are for your information and future reference. Please do not return them. PTO Information

PLEASE call the school office (225-0456) if your student is absent from school.

2024-2025 School Calendar

Field Study Driver Information