

CANTON AREA SCHOOL DISTRICT

"WARRIOR PRIDE"

ADMINISTRATIVE OFFICES

509 East Main Street - Canton, PA 17724
Ph: (570) 673-3191 Fax: (570) 673-3680

OFFICE OF SUPPORT SERVICES

545 East Main Street - Canton, PA 17724
Ph: (570) 673-3983 Fax: (570) 673-4652



www.canton.k12.pa.us

CANTON AREA ELEMENTARY SCHOOL

545 East Main Street, Canton, PA 17724
Ph: (570) 673-5196 Fax: (570) 673-7929

CANTON JR. SR. HIGH SCHOOL

509 East Main Street, Canton, PA 17724
Ph: (570) 673-5134 Fax: (570) 673-5566

Economically Disadvantaged Determination Form 2017/18

Dear Parents of CASD Students:

The district qualified for a program that allows us to provide a free breakfast and lunch to every student without requiring a free and reduced application. In order to continue to qualify, we must make an effort to maintain accurate records for the District's Breakfast / Lunch Program. CASD must determine which students meet the federal standard to be considered "Economically Disadvantaged". This is determined by the size of the household (**total** number of persons living there), and the income of the household (**total** earned income). Please circle the total number of persons living in your home and the lowest total earned income level that exceeds the income of all of your occupants combined. (Example: 6 total household members and their combined income is \$62,235. You would circle 6 and \$68,709)

Household Size	Yearly Income
1	\$22,311
2	\$30,044
3	\$37,777
4	\$45,510
5	\$53,243
6	\$60,976
7	\$68,709
8	\$76,442
Each Additional Person Add	\$7,733

You only need to fill out one form per household, but make sure you list all school age children below. Thank you for assisting in this process and assisting us in providing healthy meals for all CASD students.

Please list students:

NAME and GRADE	NAME and GRADE

Print your name:_____ Sign your name:_____

PLEASE RETURN THIS FORM TO EITHER BUILDING OFFICE. Thank You!