

For new students only

Title 1, Eligibility Form for Private Schools
Edinburg Students Only
One form per family
2026 - 2027

Harvest Christian Academy

FORM 3

<u>Students' Name at this campus ONLY:</u>	<u>Grade</u>	<u>** Edinburg School Zoned to:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Father's name: _____ Mother's name: _____

Address: _____ City: _____ Zip: _____

Dependent information: Please complete each item below:

Child Name	Grade	Sex M/F	Age	Live At Home	Public / Private School Name
1				Y N	
2				Y N	
3				Y N	
4				Y N	
5				Y N	

Provide financial information for all working household members

Name of household members	Relationship	Gross Monthly Earnings
	Father	
	Mother	

Child Support: \$ _____ Welfare: \$ _____ Social Security: \$ _____

Alimony: \$ _____ Retirement: \$ _____ Other: \$ _____

*I certify that the information above is confidential, true and correct and that all income is reported.
I understand that this information is being given for the receipt of federal funds.*

Signature of Head of Household

Date