***District or School Letter Head***

[DATE]

Dear Parent/Guardian:

Our school is participating in a federal program available to select schools as part of the National School Lunch and School Breakfast Program called Community Eligibility Provision (CEP). This means that all students attending [SCHOOL NAME] are eligible to receive breakfast and lunch at no charge throughout the [20XX-XX] school year, regardless of family or household income. However, some of the education programs the district provides are funded from state dollars that require our school to collect household information for all students attending CEP schools.

In order to collect the information, the Office of the Superintendent of Public Instruction (OSPI) has developed the Family Income Survey. The Family Income Survey is used to capture information and ensure the district/school receives all of the funding it is entitled to for other state funded education programs.

Please take a moment to complete this form and return it to your student’s school. Your participation is essential in order for us to provide OSPI with the information they need and ensure [SCHOOL NAME] will continue to receive critical state funding for these educational programs.

Thank you in advance for your cooperation in this important matter. If you have any questions, please contact [contact person] at [phone number].

Sincerely,

Principal