

# *Al-Huda Islamic School*

12227 Hawthorne Way,  
Hawthorne, CA 90250  
(310) 973-0500

## **Family survey letter**

Dear Parents/Guardians:

The Elementary and Secondary Education Act (ESEA), as reauthorized by Every Student Succeeds Act (ESSA), provides supplemental educational services for eligible public and private school students.

The purpose of the Act is to provide additional help for children so that they can acquire the knowledge and skills necessary to meet the challenging student performance standards that all children are expected to meet.

Please take the time to fill in the enclosed Family survey. All you need to do is circle YES or NO after each question. Your answers and information will be strictly CONFIDENTIAL, the information will be used only by the Administration team.

This information is very important. It will help us continue our participation in Title I supplemental educational programs, such as Reading & Math programs that help our children. Your tax dollars are paying for these programs. Please help us to keep them.

Please return your Family Survey with your application.

If you have any questions, please call the school office at 310-973-0500 or email at [alhudaoffice1@alhudala.org](mailto:alhudaoffice1@alhudala.org)

Thank you for all that you do for our children and our school.

AIS Administration

**AL HUDA ISLAMIC SCHOOL  
FAMILY SURVEY  
COMPARABLE DATE**

(School Does Not Participate in the Federal Meal Program)

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Children: Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

1) Are you receiving assistance under CalWORKs? YES NO

If yes, please enter case # \_\_\_\_\_

2) Does your family participate in Cal Fresh Benefits (FOOD STAMPS program)? YES NO

If yes, please enter case # \_\_\_\_\_

3) Are any of your children receiving Kin-GAP benefits? YES NO

If yes, please enter case # \_\_\_\_\_

4) Circle your Family Size (all adults and children living with you).

Family Size

1            2            3            4            5            6            7            8

5) What is your family total weekly income? \$ \_\_\_\_\_

Please note, you may be required to present proof of income.

Date \_\_\_\_\_

Parent signature: \_\_\_\_\_

**AL HUDA ISLAMIC SCHOOL**