

Alum Rock
Union Elementary School District
District Emergency Card

2930 Gay Ave.

San Jose, CA 95127

Phone: (408)928-6800

Fax:(408)928-6416

PLEASE MAKE SURE THE INFORMATION BELOW IS COMPLETE AND ACCURATE BEFORE SIGNING, DATING AND RETURNING THIS EMERGENCY CARD TO YOUR CHILD'S SCHOOL

Student Information Section							
Student ID	Student's Last Name	Student's First Name	Middle	Gender	Grade	Birth Date	Teacher's Name
Home Address (where student lives)			City	ZIP	Home Phone	Hispanic/Latino Ethnicity	Race

(1) Parent Information Section							
(1) Parent/Guardian Name	Home Address	City	ZIP	Home Phone	Cell Phone	Other Phone	
Relationship	Living With	Parent Education Level	Employer			Work Phone	
Email Address				Military service member/veteran?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

(2) Parent Information Section							
(2) Parent/Guardian Name	Home Address	City	ZIP	Home Phone	Cell Phone	Other Phone	
Relationship	Living With	Parent Education Level	Employer			Work Phone	
Email Address				Military service member/veteran?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

EMERGENCY CONTACTS: If my child is ill, has an emergency, or is suspended from school and I cannot be reached, please call and release my child to:			
Contact	Contact Name	Relationship	Phone
1			
2			
3			

Does your child have health insurance? Yes No Don't know If not, please ask about insurance options in the school office.

Known medical condition(s): _____

Does your child have any medical or physical restrictions? Yes No

If yes, please explain: _____

Medications: List any medications your child takes _____

What other health factors might affect your child's school experience? _____

I (We), the undersigned parent, parents, or legal guardian of , a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that the authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS CORRECT

Parent or Guardian Signature _____ Date _____

Household Income Data Survey, 2020-21

Alum Rock Union Elementary School District

Student ID	Student Name	Grade	School Name	Homeroom

PART I: Fill in the following information for your dependent child(ren) living in your household

Last	First	School Attending	Birth Date	Grade Level
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PART II: Fill in the following for Household Size and Household Income

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1, Category 2, or Category 3.

>>>> CHECK ONLY ONE BOX IN ONE INCOME CATEGORY.

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:	Category 3 – Total Annual Household Income is:
1	<input type="checkbox"/> \$0 - \$16,588	<input type="checkbox"/> \$16,589 - \$23,606	<input type="checkbox"/> more than \$23,606
2	<input type="checkbox"/> \$0 - \$22,412	<input type="checkbox"/> \$22,413 - \$31,894	<input type="checkbox"/> more than \$31,894
3	<input type="checkbox"/> \$0 - \$28,236	<input type="checkbox"/> \$28,237 - \$40,182	<input type="checkbox"/> more than \$40,182
4	<input type="checkbox"/> \$0 - \$34,060	<input type="checkbox"/> \$34,061 - \$48,470	<input type="checkbox"/> more than \$48,470
5	<input type="checkbox"/> \$0 - \$39,884	<input type="checkbox"/> \$39,885 - \$56,758	<input type="checkbox"/> more than \$56,758
6	<input type="checkbox"/> \$0 - \$45,708	<input type="checkbox"/> \$45,709 - \$65,046	<input type="checkbox"/> more than \$65,046
7	<input type="checkbox"/> \$0 - \$51,532	<input type="checkbox"/> \$51,533 - \$73,334	<input type="checkbox"/> more than \$73,334
8	<input type="checkbox"/> \$0 - \$57,356	<input type="checkbox"/> \$57,359 - \$81,622	<input type="checkbox"/> more than \$81,622

For each additional family member, add:

	\$5,824	\$8,288
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PART III: Signature

I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.

Parent or Guardian Signature	Date	Printed Name of Parent or Guardian
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The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.

Whom should I include in "Household Size"?

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do not include them.

What is included in "Annual Household Income"? Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. Do not include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay ONLY if you receive it on a regular basis.

How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
 - o If paid monthly, multiply total pay by 12
 - o If paid twice per month, multiply total pay by 24
 - o If paid bi-weekly (every two weeks), multiply total pay by 26
 - o If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.