

**Aurum Preparatory Academy**  
A Quality Education is a Life Time Opportunity

Student Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Grade Applying to: \_\_\_\_\_ Previous School: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact 1:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact 3:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Birth Country: \_\_\_\_\_

Did your child ever live in another country? Yes or no? \_\_\_\_\_

If Yes, When did they enroll in a school in the US?(mm/dd/yyyy) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

504 Plan or IEP: \_\_\_\_\_

**Ethnicity**(please check one):  Latino/Hispanic  American Indian or Alaska Native  Asian  Native Hawaiian/Pacific islander  Black/African American  White  Other: \_\_\_\_\_

**Guardian's Highest Level of Education**(please check one):  Not a HS Graduate  HS Graduate

Some College  College Graduate  Graduate Degree or Higher  Decline to State

How did you hear about our school: \_\_\_\_\_

## Household Income Data Collection – Lake Tahoe Unified School District

Household Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PART I: Fill in the following information for children living in your household

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

### 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 or Category 2. **Do not check an income in both categories.**

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:
1	\$0 – \$16,588	\$16,589 – \$23,606
2	\$0 – \$22,412	\$22,413 – \$31,894
3	\$0 – \$28,236	\$28,237 – \$40,182
4	\$0 – \$34,060	\$34,061 - \$48,470
5	\$0 – \$39,884	\$39,885 - \$56,758
6	\$0 – \$45,708	\$45,709 - \$65,046
7	\$0 – \$51,532	\$51,533 – \$73,334
8	\$0 – \$57,356	\$57,357 - \$81,622

If household size is greater than 8, list household size and total annual income below:

Household Size: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Based on what you have determined above, check one of the following boxes:

**Our Total Household Income falls within:**  Category 1  Category 2  Neither Category

If your total annual household income exceeds the ranges above, check here:

### 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.*

\_\_\_\_\_  
Signature of adult household member  
completing this form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of adult household member  
completing this form

# Household Income Form

## Frequently Asked Questions

### ***How does the free/reduced-priced meal program affect school funding?***

Every student who is under a certain income, learning English, or in foster care generates 20% more funding. In districts where at least 55% of students fall into these categories, they receive even more funding. In Lake Tahoe Unified School District, additional dollars are given to each school to increase or improve services for these students. Completing the Household Income Form ensures your school receives all available funds.

### ***Why is my school requesting completion of a Household Income Form instead of the National School Lunch Program Application?***

Normally, families complete a National School Lunch Program (NSLP) application to determine whether they qualify for free or reduced priced meals under the National School Lunch Program. Due to COVID-19, the United States Department of Agriculture (USDA) issued nationwide waivers to allow for the operation of the Summer Meal Program through June 30, 2021. This program allows LEA's to provide free meals to every student for the 2020-21 school year. However, while operating under the Summer Meal Program for 2020-21, LEA's cannot collect NSLP applications. For 2020-21, LEA's must collect Alternative Households Income Forms to determine whether a child would have qualified for free or reduced priced meals. Local Educational Agency (LEA) gather this critical information to determine state funding under the Local Control Funding Formula.

### ***Do I need to fill out an application for each child?***

No, you can fill out one form for multiple children in the same household.

### ***Can a parent/guardian choose not to complete the Household Income Form?***

Yes, a parent/guardian may choose not to complete the Household Income Form. Such parents/guardians should write "Decline to Complete" across the form, complete the student name section, sign the form and submit.

### ***If parents/guardians express concern about the confidentiality of the information requested on the Household Income form, what should they know?***

Our system is confidential. Parents/guardians can be assured that the information collected is confidential and for use in the District only.

### ***Do I still need to fill out a form if I qualify for other benefits?***

No. If you are currently receiving food stamps, CalWORKS, KinGAP or FDPIR benefits and your information has not changed, your child automatically qualifies.

*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.*

### **Who 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:

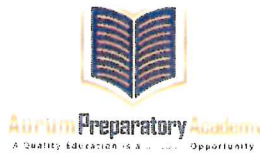
- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for 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:
  - If paid monthly, multiply total pay by 12
  - If paid twice per month, multiply total pay by 24
  - If paid bi-weekly (every two weeks), multiply total pay by 26
  - 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 <https://www.fns.usda.gov/cn/eligibility-manual-school-meals>**



**Student/Family Residence Questionnaire**

Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, and/or Federal McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

**1. Presently, are you and/or your family living in any of the following situations? Check all that apply.**

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or FEMA trailer
- Waiting for foster care placement
- Sharing the housing of others due to loss of housing, economic hardship or similar reason
- Living in a car, park, campground, abandoned building, or other inadequate accommodation
- Temporarily living in a motel or hotel due to loss of housing, economic hardship or similar reason
- Living alone as a minor students) without an adult (unaccompanied youth)

If you checked any box above please complete the remainder of this form and submit it to school personnel. If you did not check any box above, you do not need to complete or submit this form.

**2. Please list all children currently living with you.**

First and Last Name	Birthdate	Grade	School Name

The undersigned parent/guardian certifies that the information provided above is accurate.

\_\_\_\_\_

Parent/guardian Name	Signature	Date
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\_\_\_\_\_

Phone Number	Street Address	City	State	Zip Code
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**Your children have the right to:**

- \*Continue to attend school in the school attended before you became homeless (school of origin).
- \*Enroll in school without giving a permanent address and attend classes while the school arranges for a school transfer, immunization records or other documents required for enrollment.
- \*Receive the same special programs and services, if needed, as provided to all other children served in these programs. \*Have enrollment disputes quickly addressed.

The McKinney Vento Homeless Education Assistance Act ensures the educational rights above for students who are homeless.





Dear Parent/Guardian:

In compliance with the State of California, schools are required to obtain permission from the parent/guardian of students who attend a class where instruction may include topics about the human reproductive system and related communicable diseases. Your child's Physical Education class will include instruction/discussion about the human reproductive system, communicable diseases, including AIDS, and/or sexual responsibility.

If you approve of your child attending class during the time of this instruction, please sign this permission form. It is also required that the school provide parents the opportunity to inspect instructional materials related to instruction about the human reproductive system, related communicable diseases, and sexual responsibility.

If you would like to review these materials, or if you have any questions, please feel free to reach out. Keep this portion of the letter for your reference.

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**Please Sign if you give your child permission to participate.**

Child's Name: \_\_\_\_\_

Parent and/or Guardian's Name: \_\_\_\_\_

Parent and/or Guardian's

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SCHOOL: Aurum Preparatory Academy

TRIP DATE and TIME: TBD

GRADE/CLASS: 6th, 7th and/or 8th grade.

1. My child has my permission to participate in this supervised field experience with Aurum Preparatory Academy.
2. I agree to instruct my child to obey all rules, regulations and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations or instructions.
3. This field experience is considered as school work and will be conducted as a regular class.

I GIVE PERMISSION FOR \_\_\_\_\_ TO TAKE FIELD TRIPS WITH AURUM PREP THAT ARE WITHIN A 60 MILE RADIUS AND ARE INTENDED TO EXTEND A UNIT OF STUDY WITHIN THE SCHOOL CURRICULUM. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO TAKE YOUR CHILD ON THIS FIELD EXPERIENCE.

Parent or Guardian Name : \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Person to Contact in an Emergency: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

### Aurum Prep's Photo Release Form

Aurum Preparatory Academy has my permission to use my or my child's photograph publically to promote its school. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Name:

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Parent/Guardian's signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Child's Name:

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Phone Number:

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### Aurum Preparatory Academy - Chromebook Usage Agreement

I have received a Chromebook from Aurum Prep to support my learning and achievement. By accepting the possession of this Chromebook, I agree to the following:

- I understand that this Chromebook is to be used only for schoolwork and I am responsible for bringing it to school every day fully charged.
- I will report any damage or loss of the chromebook to the front office immediately.
- I will not sell, lease or otherwise grant rights to this Chromebook to anyone.
- I shall adhere to Aurum Prep's rules and regulations governing the use of this Chromebook as well as to all applicable copyright and other regulations regarding the software.
- **I understand that I am responsible for any intentional damage to the chromebook i.e. a cracked screen, missing keys etc up to \$25 per occurrence.**
- **I understand that I am responsible for any damage to this Chromebook up to a \$200 replacement cost for lost or damaged to the extent that it must be replaced.**
- Upon request by Aurum Prep, I must return this Chromebook to the school in the same condition it was in when I received it, minus normal wear and tear.

The following are precautionary and care measures I will take in order to keep the Chromebook in excellent condition:

- I will not leave the Chromebook unattended.
- I will protect the Chromebook from liquids or dampness as well as extreme temperatures.
- I will not lend the Chromebook to anyone else.
- I will not add any stickers or make any markings on my chromebook.
- I will treat the Chromebook with care and take corresponding measures to make sure it is not damaged in any way.
- I will not add or remove any labels from the Chromebook.

I agree to accept the Chromebook "as is." In no event shall Aurum Prep be liable to me for my use of the Chromebook.

**I agree to the terms set forth in this agreement. I understand that I am responsible for any loss or damage to this Chromebook. In the event that either occurs, I guarantee reimbursement of the replacement value of the Chromebook to Aurum Prep.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**I have reviewed these rules and regulations with my child and agree to the terms of this agreement.**

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chromebook Serial Number

\_\_\_\_\_  
Chromebook # (Room)

Dear Parent,

**Tdap** is a booster vaccine for older children, adolescents, and adults. It safely protects against 3 dangerous diseases: tetanus, diphtheria, and whooping cough (also called pertussis).

**Pertussis** - also known as whooping cough, is a contagious disease that causes violent coughing fits that make it hard to breathe. It spreads easily when someone with the disease coughs or sneezes. The symptoms can last for months. Whooping cough is particularly dangerous for young babies.

**Tetanus** - causes a severe, painful tightening (spasms) of muscles, including of the jaw (lockjaw'), which can limit swallowing and breathing.

**Diphtheria** - is a throat infection that can lead to breathing problems, paralysis, heart failure and death.

**All students entering 7th grade will need proof against whooping cough (Tap) before they can start school. Students who have not met the requirement will not be able to go to school. This requirement was signed into law in 2010.**

Since the Tap requirement affects all incoming 7th grade students in California, it's important to avoid the back-to-school rush and to get your children vaccinated now. Tell other parents with children in the 6th grade about the requirement and encourage them to schedule the shot early, before summer as well.

Once your child has received the Tap vaccine, please bring confirmation to the front office, so we can record completion of this important requirement in their file. Thank you.

Sincerely,

The Aurum Prep Team  
415.763.8974  
[info@aurumprep.org](mailto:info@aurumprep.org)

Aurum Preparatory Academy  
Meal Charge Policy

**Application for Free and Reduced Price Meals**

All families are encouraged to submit an application for free and reduced meals by the first week of school - one application per household is needed. Families can at any time submit a new application if there is a change in the household income or family number. Applications can be accessed in the Main Office.

**Meal Charge Policy**

Aurum Preparatory Academy does not charge full paid or reduced-price students for meals, since the school operates under Provision 2. Families are still alerted of their eligibility, but are aware that they will not need to pay if they do not qualify for free or reduced meals.

**Student Pricing**

- Students who do not qualify for free or reduced price meals are covered by the school.

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at the Filina a Program Discrimination Complaint as A USDA Customer page Li, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office.of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: 202-690-7442; or

(3) email: [progamintake@usda.gov](mailto:progamintake@usda.gov)

This institution is an equal opportunity provider.

### Home Language Survey

Aurum Preparatory Academy is required to identify and assess possible English learners during the enrollment period. The process begins by determining the language(s) spoken in the home of each student. The responses provided to us will determine whether a student's proficiency in English should be tested. This information is very important in order to provide the adequate instructional services.

As the parent or guardian, please thoroughly complete this survey with as much detail as possible. For each question, please provide the language that applies. It is very important to not leave any of these questions unanswered as these questions will help us determine the best solution for your child.

Student Information	
First Name:	Date of Birth:
Last Name:	Grade Level:

Questions for Parent or Guardians	Response
Which language did your child learn when they first began to talk?	
Which language does your child most frequently speak at home?	
Which language do you (the parents and guardians most frequently use when speaking with your child?	
Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults)	

Please sign and date this form below to confirm all information provided is correct.

Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_