Galt Joint Union Elementary 26-27

School Funding Benefit Form: Your response helps our District receive funding that directly supports your student's school. Completing this form is quick, confidential and benefits your student's class.

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- Free Total Annual Household Income is Within This Range	Category 2 — Reduced Total Annual Household Income is Within This Range
1	$0-$20,748	$20,749-$29-526
2	$0-$28,132	$28,133-$40,034
3	$0-$35,516	$35,517-$50,542
4	$0-$42,900	$42,901-$61,050
5	$0-$50,284	$50,285-$71 ,558
6	$0-$57,668	$57,669-$82,066
7	$0-$65,052	$65,053-$92,574
8	$0-$72,436	$72,437-$103,082

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

Household Size_____ Total Annual Income_____

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.