



**Cajon Valley Union School District  
Extended Day Program  
ASES Free & Reduced Rate Application**

**Applications for Free/Reduced Extended Day Program are required at the time of application each school year.**

**PROOF OF ELIGIBILITY MUST BE SUBMITTED WITH THE APPLICATION.**

Provide original copy of information or documents which show your household's **current** income.

**FOOD STAMP HOUSEHOLDS:**

- Current** Notice of Action (No older than 2 months)  
If your food stamp eligibility has ended you must state your current income and send the necessary documents listed below.

**EARNINGS/WAGES/SALARY:**

- Current** paycheck stub (**2 consecutive months required**)  
 Letter from employer, **on company letterhead**, stating gross wages paid and how often they are paid.

**SOCIAL SECURITY/PENSIONS/RETIREMENT**

- Social Security retirement benefit letter - **current**  
 Statement of benefits received  
 Pension award notice

**UNEMPLOYMENT COMPENSATION/DISABILITY OR WORKER'S COMPENSATION:**

- Notice of eligibility from State Employment Security Office  
 Copy of disability award letter  
 **Current** Check stubs (**2 months**)

**WELFARE PAYMENTS (AFDC, ADC, GA, CALWORKS):**

- Current** Notice of Action

**CHILD SUPPORT/ALIMONY:**

- Court decree or signed/dated agreement

**ALL OTHER INCOME:** Other cash income including cash amounts received or withdrawn from investments, trust accounts and/or other sources such as, bank savings and/or checking accounts which would be available to pay the price of the monthly Extended Day Program tuition. If you have other forms of income, provide information or documents which show the amount received, how often it is received, and the date received.

**NO INCOME:** If you have no income, provide a note explaining how you provide food, clothing and housing for your household and when you expect an income. (Money drawn/taken from a savings or checking account is considered as income).

If you have any questions or need help in deciding the kind of information to provide, please email:

EDPAdmin@cajonvalley.net

**Office Hours: Monday - Friday 7:30 a.m. – 4:00 p.m.**

**Student Behavior and Discipline:**

All existing policies and regulations regarding safety, student behavior, and discipline in the Extended Day Program will remain in effect. Please read and go over the Extended Day Program Parent Handbook with your student(s). With your help and with the cooperation of all students in the program, we will be able to continue to provide a safe and quality Extended Day Program.



**CAJON VALLEY UNION SCHOOL DISTRICT – APPLICATION FOR FREE/REDUCED EXTENDED DAY PROGRAM**

TO APPLY FOR FREE/REDUCED EXTENDED DAY PROGRAM, FILL OUT FORM AND RETURN TO THE EXTENDED DAY PROGRAM OFFICE

**INCOMPLETE INFORMATION WILL DELAY OR PREVENT PROCESSING**

**PLEASE TYPE OR PRINT CLEARLY**

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** H: (\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** H: (\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_) \_\_\_\_\_ C: (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**\*\*\*SCHOOL SITE:** \_\_\_\_\_ **Total Number in Family Now Living in this Household:** \_\_\_\_\_ \*\*\*

<i>(Please circle and specify)</i>	<i>(Please circle and specify)</i>	<i>(Please circle and specify)</i>
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____
Student or Non-Student Name: _____	Grade or Age: _____	School or Work: _____

Total family income **BEFORE DEDUCTIONS**. Include wages of **ALL WORKING MEMBERS LIVING IN THIS HOUSEHOLD** (including Parents, Children, Grandparents, etc.) as well as welfare payments, pensions, social security, and all other income.

If other, explain: \_\_\_\_\_

**Total Household Income:** \_\_\_\_\_  Weekly  Every 2 Weeks  Twice a Month  Monthly  Year  Other

In certain cases, Foster children are eligible for free Extended Day Program services regardless of family income. The Extended Day Program Department may wish to contact you for more information about your foster child to determine eligibility. If you have foster children living with you and wish to apply for free Extended Day program, please check here and call Miguel Gavillan at 619-593-5219

I hereby certify that all the above information is true and correct. I understand that this information is being given in connection with the receipt of the After School and Safety Grant for the Extended Day Program. I understand that School Officials may, for cause, verify this information and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

**Please check here if applicable.**

I opt out the Free/Reduced Rates and I would like to continue at regular rate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
Date Rcvd: _____	Initials: _____
Approval: Free / Reduced / Denied	