



Early Education

RIALTO UNIFIED SCHOOL DISTRICT EARLY EDUCATION

260 South Willow Avenue, Rialto CA 92376
(909) 873-4300 Fax: (909) 873-4301



Authorization to Release Information

I, _____, parent of _____ give authorization for
(Employee Name) (Student's Name)

Rialto Unified School District – Early Education, to verify all information utilized to determine my family's eligibility during the time I am enrolled in their program.

I authorize the sharing of information between agencies to verify my income, and eligibility. Agencies that may be contacted include, but are not limited to, the Department of Public Social Services, Department of Child Support, training sites, schools, social service agencies, referring physicians, emergency shelters, and employers.

I declare under penalty of perjury that all information that I provided to Rialto USD – Early Education is true and correct, and that all documents submitted to Rialto USD – Early Education, are to the best of my knowledge true and correct. Failure to comply with these rules will result in termination from the Rialto USD – State Preschool Program.

Employee/Parent Signature

Employee ID # or Social Security #

Date

EMPLOYMENT/ INCOME VERIFICATION

This is a State funded preschool program and therefore we must have confirmation of all income and work hours of parents whose children are enrolled in our program. Please release the following information for our records. All information is confidential, and used only for family eligibility purposes.

Name of Employee (Parent/Guardian)

Phone

Address

City

State

Zip code

Name of Employer

Contact Person

Address

City

State

Zip code

Employer Phone

Employer Email

Hire Date

Work Hours: Start

End

Job Title

Days of Employment:

Sun _____

Mon _____

Tue _____

Wed _____

Thurs _____

Fri _____

Sat _____

Pay Schedule: Weekly Bi-Weekly Twice a Month Monthly

Gross Salary (Per Pay Period) \$ _____

Note if flexible schedule: Hourly Rate \$ _____

Minimum hours per week _____

Maximum hours per week _____

I affirm that, to the best of my knowledge, the above information is true and correct:

SIGNATURE OF EMPLOYER

DATE

OFFICE USE ONLY

Information obtained by:

Telephone Phone No: _____

Name: _____

Facsimile Fax No: _____

Name: _____

E-Mail/ U.S.Mail _____

Name: _____

Notes: _____

Date: _____

Verified by: _____



Early Education

DISTRITO ESCOLAR UNIFICADO DE RIALTO EDUCACION TEMPRANA

815 South Willow Avenue, Rialto CA 92376

(909) 421-4201 Fax: (909) 421-7602



Autorización de Otorgar Información

Yo _____, padre de _____ doy permiso a la
(Nombre del Empleado) (Nombre del Estudiante)

Oficina de Educación Temprana del Distrito Escolar Unificado de Rialto de verificar cualquier información necesaria para determinar la elegibilidad de mi familia durante el tiempo que mi hijo(a) esté inscrito en el programa preescolar.

Autorizo compartir la información entre las agencias para verificar mis ingresos y elegibilidad. Las agencias que pueden comunicarse, incluyen, pero no se limitan a el Departamento de Servicios Sociales Públicos, Departamento de Manutención, sitios de entrenamiento, escuelas, agencias del servicio social, recomendación de médicos, refugios de emergencia y a empleadores.

Declaro bajo pena del perjurio que toda la información que proporcione a la Oficina de Educación Temprana del Distrito Escolar Unificado de Rialto es verdadera y correcta, y que todos los documentos que fueron sometidos son de mi mejor conocimiento y verdaderos. Al fallar estas reglas resultaría en la terminación del programa preescolar estatal.

Firma del Empleado

de Identificación del Empleado o # de Seguro Social

Fecha

EMPLOYMENT/ INCOME VERIFICATION

This is a State funded preschool program and therefore we must have confirmation of all income and work hours of parents whose children are enrolled in our program. Please release the following information for our records. All information is confidential, and used only for family eligibility purposes.

Name of Employee (Parent/Guardian) _____ Phone _____

Address _____ City _____ State _____ Zip code _____

Name of Employer _____ Contact Person _____

Address _____ City _____ State _____ Zip code _____

Employer Phone _____ Employer Email _____

Hire Date _____ Work Hours: Start _____ End _____ Job Title _____

Days of Employment: Sun _____ Mon _____ Tue _____ Wed _____ Thurs _____ Fri _____ Sat _____

Pay Schedule: Weekly Bi-Weekly Twice a Month Monthly Gross Salary (Per Pay Period) \$ _____

Note if flexible schedule: Hourly Rate \$ _____ Minimum hours per week _____ Maximum hours per week _____

I affirm that, to the best of my knowledge, the above information is true and correct:

SIGNATURE OF EMPLOYER

DATE

OFFICE USE ONLY

Information obtained by:

- Telephone Phone No: _____ Name: _____
- Facsimile Fax No: _____ Name: _____
- E-Mail/ U.S.Mail _____ Name: _____

Notes: _____

Date: _____ Verified by: _____