

Everman Independent School District

GRANDPARENT CARE AFFIDAVIT

AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)

NOTE TO PERSONS ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

To be completed by the grandparent who will provide after-school care:

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____ . I am the grandparent of this child.
2. I reside at _____ in Everman ISD. My telephone number is _____ .
3. I shall provide direct supervision of this child for the sole purpose of providing after-school care described above.
4. I agree to notify the superintendent within three school days of any changes to the after-school care described above.
5. I am not providing after-school care for the primary purpose of enrolling this child in the Everman ISD.

Signature of (grandparent) Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS
COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ **day of**

_____, _____.
Notary Public, State of Texas

This form is limited to the period of the 2021- 2022

PARENT

**AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)**

NOTE TO PERSONS ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 2.001(h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

BEFORE ME, the undersigned notary public, personally appeared

_____ and _____,

Known to me to be the persons whose names are subscribed below, whom upon being duly Sworn, stated:

To be completed by the parent or guardian:

I am 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

My name is _____, I am the parent or legal guardian of
_____ for whom I am requesting to the Everman ISD under
Education Code 25.00(b)(9).

The child and I reside at _____ in the
_____ School District. My telephone
number is _____.

This child is _____ years of age on September 1 of this academic year and currently
attends _____ School in that district.

This child's grandparent, _____, will provide direct after-school
care and supervision to my child as follows:

Actual Hours per day: _____ a.m./p.m. to _____ a.m./p.m.

Number of school days per week: _____

Months that the child's grandparent will provide this care: _____

I agree to notify the superintendent within three school days of any changes to the after-school
care described above.

I (do) (do not) authorize the employees of the Everman ISD to contact the child's grandparent
identified below for non-emergency purposes. Contact for emergency purposes shall be as
indicated by the parent on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

Notary Public, State of Texas