



**AFFIDAVIT OF STUDENT ADMISSION INFORMATION
FOR NON-RESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE**

NOTICE TO PERSON 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 PARENT OR GUARDIAN:

BEFORE ME, the undersigned notary public, personally appeared _____, known to me to be the person whose name is subscribed below, who, upon being duly sworn in, stated:

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 parent or legal guardian of _____ for whom I am requesting admission to the Arlington Independent School District under Education Code 25.001 (b)(9).
2. This child and I reside at _____ (address) in the _____ School District. My telephone number is _____.
3. This child is _____ years of age on September 1 of this school year and currently attends _____ (name of school) in that district.
4. This child's grandparent, _____ (name), will provide my child after-school care as follows:
 - a. Actual hours per day: _____ a.m./p.m. to _____ a.m./p.m.
 - b. Number of school days per week: _____
 - c. Months that the child's grandparent will provide this care: _____
5. I agree to notify the Superintendent within three days of any changes to the after-school care described above.
6. **CIRCLE ONE:** I (do) (do not) authorize the employees of the Arlington Independent School District to contact the child's grandparent identified below for non-emergency purposes. Contact for emergency purposes shall be as I have indicated on the district's Emergency Contact Information.

Signature of Affiant (parent/guardian)

Printed Name of Affiant

STATE OF TEXAS COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, 20_____.

Notary Public, State of Texas



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 _____ (name of student).
2. I reside at _____ (address) in the Arlington Independent School District. My telephone number is _____.
3. I shall assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 4 of the parent's affidavit.
4. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

Signature of Affiant (grandparent) _____

Typed or Printed Name of Affiant _____

STATE OF TEXAS

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME on this the _____ day of _____, 20_____

Notary Public, State of Texas