

AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR NONRESIDENT 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.**

BEFORE ME, the undersigned notary public, personally appeared \_\_\_\_\_  
and \_\_\_\_\_, known to me to be the persons whose names  
are subscribed below, who, upon being duly sworn, stated:

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To be completed by the parent or guardian:

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 \_\_\_\_\_ School District under Education Code 25.001(b)(9).
2. This child and I reside at \_\_\_\_\_ in the \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.
3. This child is \_\_\_\_\_ years of age on September 1 of this scholastic year and currently attends \_\_\_\_\_ in that district.
4. This child's grandparent, \_\_\_\_\_, 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 school days of any changes to the after-school care described above.

ADMISSIONS

FD  
(EXHIBIT)

- 6. I (*do*) (*do not*) authorize the employees of the \_\_\_\_\_ School District to contact the child's grandparent identified below for nonemergency purposes. Contact for emergency purposes shall be as I have indicated on the District's Emergency Contact Information Card.

Signature of (parent/guardian) Affiant

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Typed or Printed Name of Affiant

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STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

Notary Public, State of Texas

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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 the \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.
- 3. I will assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 4 above.
- 4. I agree to notify the Superintendent within three school days of any changes to the after-school care described above.

Signature of (grandparent) Affiant

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Typed or Printed Name of Affiant

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Poth ISD  
247904

ADMISSIONS

FD  
(EXHIBIT)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

Notary Public, State of Texas

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