## Houston Independent School District 4400 West 18<sup>th</sup> Street; Houston, TX 77092-8501

## **GRANDPARENT CARE AFFIDAVIT**

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.

1.	My name is I am t	the parent or legal	
	guardian of	for whom I am	
	requesting admission to the Houston Independent School District un	ng admission to the Houston Independent 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 y	-	
	attends in the		
4.	This child's grandparent,Name of Grandparent		
	*Attach proof of residency		
5.	This child's grandparent,	, will provide my	
	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:		

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- 6. I agree to notify the Superintendent designee within three (3) school days of any changes to the after-school care described above.
- 7. I (do) (do not) authorize the employees of the <u>Houston Independent</u> 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 Card.

Signature of (parent/guardian) Affiant \_\_\_\_\_

Typed or Printed Name of Affiant \_\_\_\_\_

Signature of Grandparent \_\_\_\_\_

Typed or Printed Name of Grandparent

STATE OF TEXAS

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

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

Notary Public, State of Texas