2022-2023

Friendswood Independent School District

GRANDPARENT'S After-School Care Affidavit for Non-Resident Student

(TO BE COMPLETED BY THE PARENT/GUARDIAN and the GRANDPARENT/RESIDENT)

One Student per Affidavit

Name of Student:	Last	First	Middle	Age: Grade Lev	vel: District Based on Parent's Residence:	Campus Based on G Residence	
Name of Parent:	Last	First	Home Address:		City	State	Zip
Primary Phone No:			Alternate Phone No:		Email:		
Name of Grandparent:	Last	First	Middle	Primary/ Alternate Phone No::		Email:	
Address of Grandparent:	Street		Cit	ty	State	Zip	

As the parent/guardian of the above-named child, I am requesting admission to the campus designated above under Texas Education Code 25.001(b)(9). My child's grandparent, as named above, personally provides a substantial amount of afterschool child care as specified below:

Actual hours per day:	Number of school days per week:	Number of months per school year
toPM and/ortoPM		

I agree to notify the school within three days of any changes to the after-school care described above. I also understand that this document must be completed prior to the beginning of each school year to verify that the after-school care is still being provided. I understand my student's failure to abide by all communicated laws, rules and policies in the Student Code of Conduct, Student handbook or any specific campus rules and regulation, shall cause the principal or designee to take disciplinary action as specific in the Code and Handbook and the request for enrollment may be revoked.

The following SIX documents must be submitted along with this statement to the FISD Administration building for approval and at the time of enrollment to verify the residency:

- 1. Parent's Government Issued Photo Id
- 4. Grandparent's Government Issued Photo Id 5. Grandparent's Current Utility Bill (gas, water,

6. Grandparent's Current Lease, Mortgage GCAD Statement or Deed

2. Parent's Current Utility Bill (gas, water, electric) 3. Student Birth Certificate or other acceptable electric) proof of identity

Grandparent's Current Lease/Mortgage Birth Certificate

FALSIFICATION OF INFORMATION ACKNOWLEDGEMENT

I declare that I have provided no false information to the Friendswood Independent School District (FISD) regarding my family's residency. I understand that falsifying this sworn affidavit is a criminal offense (Perjury) under Section 37.01 of the Texas Penal Code, which is a Class A misdemeanor punishable up to one (1) year of confinement in jail; a fine not to exceed \$2,000.00; or both such fine and imprisonment. Another criminal offense for falsifying this residency information is a violation of Texas Penal Code 37.10: Tampering with a Government record.

I understand that this child will be administratively withdrawn from FISD if it is determined that I have enrolled the child based on false information. I also understand that FISD utilizes law enforcement to verify care. A random check to the physical Friendswood address may occur. I agree to cooperate fully with the officer or an officer of the school district verifying grandparent care.

PARENT/Guardian's sign	nature		Date	
STATE OF § C	COUNTY OF	§		
BEFORE ME, the unders	igned authority, on this da	y personally appeared	d	known to me to be the he executed the same for the
purpose and considerat	ions therein expressed.	-	-	he executed the same for the
GIVEN under my hand a	nd seal of office on this	day of	, 20	
GRANDPARENT/Reside	nt's signature		Date	
BEFORE ME, the unders	igned authority, on this da	ypersonally appeared	1	known to me to be the he executed the same for the
person whose named is purpose and consideration	subscribed to the foregoii	ng instrument and ack	nowledged to me that he/s	she executed the same for the
GIVEN under my hand a	nd seal of office on this	day of	, 20	
				Notary Signature
				(Affix Notary Seal)
				(ATTX NOLATY Seal)
FOR OFFICE USE ONLY				(Anix Notary Seal)
POR OFFICE USE ONLY Parent's Govt Issued Photo ID Parent's Current Utility Bill Grandparent's Govt Issued Photo ID	After-school Child Care Meets Def	inition of Substantial Amount	Signature of Administrator	Date