

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

PARENT/GRANDPARENT'S AFFIDAVIT

NOTICE 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 THE STATE OF TEXAS EDUCATION CODE § 25.001, 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 TEXAS PENAL CODE § 37.10.

My name (parent) is _____. I am over 18 years of age and am legally competent to testify. I have knowledge of the facts set forth herein, and they are true and correct.

_____ seeks admission as a student to the Coppell Independent School District.

My child is _____ years of age as of September 1 of this scholastic year.

Parent's phone number: _____

Parent's address: _____ City _____

Where is your child zoned to attend school (based on the parent/guardian's place of residence)?

School Name _____ City _____

School District Name _____

My child's grandparent, _____ will provide my child after-school care as follows:

Actual hours per day is _____ a.m. / p.m. to _____ a.m. / p.m.

Number of school days per week: _____ Months that grandparent will provide this care: _____

Address of Grandparent: _____ City: _____ Zip: _____

Phone Number of Grandparent: _____

Please provide the following documentation with this affidavit:

- ❖ Proof of parent’s residence outside of the District (current utility bill);
- ❖ Proof of grandparent’s residence in the District (current utility bill); and
- ❖ Appropriate identification for both the parent and grandparent.

I have been made aware that random home visits may be made throughout the school year, at any time, to verify residency. If residency cannot be verified, student(s) may be withdrawn in accordance with applicable law and Coppell ISD Policy.

After the form is completed and notarized, either the parent or grandparent must make an appointment with the school for an informal conference.

Signature of Parent: _____

Printed Name of Parent: _____

STATE OF TEXAS

COUNTY OF DALLAS

BEFORE ME, the undersigned, on this day personally appeared **(parent)** _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (he) (she) executed the same for the purposes therein expressed.

GIVEN under my hand and seal of office on this the _____ (day) of _____ (month), 2020.

Notary Public, State of Texas

Signature of Grandparent: _____

Printed name of Grandparent: _____

STATE OF TEXAS

COUNTY OF DALLAS

BEFORE ME, the undersigned, on this day personally appeared (**grandparent**)
_____ known to me to be the person whose name is subscribed to the
foregoing instrument and acknowledged to me that (he) (she) executed the same for the
purposes therein expressed.

GIVEN under my hand and seal of office on this the _____ (day) of _____
(month), 2019.

Notary Public, State of Texas