



Form F
2016-2017 School Year

SUNNYVALE INDEPENDENT SCHOOL DISTRICT
AFFIDAVIT OF STUDENT ADMISSION INFORMATION
(FOR NON-RESIDENT STUDENT OF A RESIDENT GRANDPARENT
per FDA (LOCAL) or FD (LOCAL) POLICY)

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District will 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.

Children and grades they will be entering (full legal name):

Form with six columns: Last Name, First Name, Middle Name, Birthdate, Grade, Campus. Five rows of blank lines for student information.

Are any of these students currently enrolled in Sunnyvale ISD? [] Yes [] No
If so, please list:

Three horizontal lines for listing currently enrolled students, followed by a dashed line.

BEFORE ME, the undersigned Notary Public, personally appeared

____ and ____
parent/legal guardian parent/legal guardian

known to me to be the person(s) whose names are below, who, upon being duly sworn, 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 Sunnyvale Independent School District under Board Policy FDA (LOCAL) or FD (LOCAL).
2. This child and I reside at _____ in _____

the _____ school district.

Home Phone: _____

Mother's work/cell phone: _____

Father's work/cell phone: _____

This child is _____ years of age on September 1 of this scholastic year and currently attends or would attend _____ grade at _____ (campus) in his/her home school district.

3. This child's/children's grandparent, _____, provides after-school child care for my child. Yes No *If Yes, please complete the following:*

a. Hours per day: _____

b. Number of school days per week: _____

c. Months that the child's grandparent will provide this care: _____

I agree to notify the Superintendent within three (3) school days of any changes to the after-school care described above.

5. I **do** / **do not** authorize the employees of the District to contact the child's grandparent identified on page three for non-emergency purposes. Contact for emergency purposes will be as I have indicated on the District's Emergency Contact Information card.

Signature of Parent/Guardian _____

Typed or Printed Name of Parent/Guardian _____

Email Address of Parent/Guardian _____

STATE OF TEXAS

COUNTY OF _____

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

_____, _____, _____
month year

Notary Public, State of Texas

For Office Use Only

Approved: _____ Not Approved: _____

Superintendent (or designee)

Date

Original: Student Services: _____

Copy: Campus: _____