## TRAVIS UNIFIED SCHOOL DISTRICT 2751 De Ronde Dr. Fairfield, CA 94533

## Caregivers Authorization Affidavit Student Services 707-437-4604 x 1114 / Fax 707-437-8254

707-437-4604 x 1114 / Fax 707-437-8254 syoung@travisusd.org

Student Name: Resident School:	School Year	New: Renew	al: Returning:	Date:	
Instructions: Complete and Provide the following documents:  1. Copy of Carcegiver CA DL / ID 2. 2. Proofs of residence in the Travis Unified School District 3. Letter from biological parent staffing the carcegiver listed has Educational & Medical rights for the enrolling student  This Artifavis shall be completed for students living in the Travis Unified School District, but who are cashing with a preson who is not the parent or legal guardian. This Artifavis shall be completed by the adult with whom the student is living. This delation does not affect the rights of the raised child's parent or legal guardian regarding the care, custody, and control of the child, and does not mean that the kirchip caregiver has legal custody of the child. The school system's Superntendent, or his or the Designee, may verify the facts contained in this Affidavi, may request additional information and conduct an audit or the child has been encolled in Travis Unified School District. This Affidavi is valid until the end of the school year in which it is executed. Latest that this request to enroll in Travis Unified School District is not primarily lecided to attendance at a particular school, thating advantage of special services or programs officed at a particular school, thating advantage of special services or programs officed at a particular school, thating advantage of special services or programs officed at a particular school, thating advantage of special services or programs officed at a particular school, thating advantage of special services or programs officed at a particular school, thating advantage of special services or programs officed at a particular school, that is not primarily excludent being completed that the school program submission for his her most recent school. (Section 6530 of division 11 of the CA family code, Section 45204 Ed Code)  1. the Caregiver, am over eighteen (18) years of age and testify to the facts and matters set forth herein.  Name of Caregiver and the school of the school of the school	Student Name:		Birth Da	te: Age:	
1. Copy of Caregiver CA DL/ID 2. 2. Proofs of residence in the Travis Unified School District 3. Letter from biological parent stating the caregiver listed has Educational & Medical rights for the enrolling student  This Artificial shall be completed for students living in the Travis Unified School District, but who are establing with a person who is not the parent or legal guardian. This Artificial shall be completed by the adult with whom the student is living. This declaration does not affect the rights of the manued child's parent or legal guardian regarding the care, custody and control of the child, and does not mean that the Kinship categiver has legal custody of the child. The school system's Superintendent, or his or the Designee, may verify the fibes contained in this Afflictivi. They are present advantage of the school year in which it is executed. I attest that this request of enroll in Travis Unified School District. This Afflictavi is valid until the end of the school year in which it is executed. I attest that this request of enroll in Travis Unified School District is not primarily related to attendance at a particular school, and is not primarily related to attendance at a particular school, and is not primarily related to attendance at a particular school, that is not primarily related to attendance at a particular school, and is not primarily related to attendance are a particular school, and is not primarily related to attendance resonance of school the school primary and	Incoming Grade: R	Resident School:			
Affidant's shall be completed by the adult with whom the student is living. This declaration does not affect the rights of the named shift's parent or legal guardian regarding the care, custody and control of the child, and does not man that the kinship caregiver has legal custody of the child has short system's Superintendent, or his or her Designee, may verify the facts contained in this Affidavit, may request additional information and conduct an audit on a case-by-case basis after the child has been enrolled in Travis Unified School District. This Affidavit is valid until the end of the school year in which it is executed. I start that is request to enroll in Travis Unified School District his not primarily related to attendance at a particular school, and in the shool year which their sevents that this request to enroll in Travis Unified School District his not primarily related to attendance at a particular school. Affidavit is valid until the end of the school year in which this prevents that the student named above is not now under a long-term suspension or expulsion from his her most recent school not is currently subject to a recommendation for long-term suspension or expulsion from his her most recent school. (Section 6550 of division 11 of the CA family code, Section 48204 Ed Code)  I, the Caregiver, am over eighteen (18) years of age and testify to the facts and matters set forth herein.  Name of Caregiver:  Address:  Phone:  Email:  Relation to Child:  I assumed control and charge of the above child, which I provide 24 hr. per day,7 day a week care on (date):  child lives with me:  /% of the time  School the student has last attended:  Parent(s) is aware and has given me permission to care for minor student and authorize Educational and Medical authorization.  (OFFICE USE ONLY)  Caregiver ID: 2 Proofs of Residency: Parent Letter / Statement: School(s):  Continuing: Returning: New: Grade(s):	<ol> <li>Copy of Caregiver CA DL / ID</li> <li>2 - Proofs of residence in the Travis Un</li> </ol>	nified School District	ional & Medical rights for the eni	rolling student	
Name of Caregiver:  Address:  Phone:  Email:  Relation to Child:  I assumed control and charge of the above child, which I provide 24 hr. per day,7 day a week care on (date):	Affidavit shall be completed by the adult with regarding the care, custody and control of the chil his or her Designee, may verify the facts contabeen enrolled in Travis Unified School District. This School District is not primarily related to attend athletics at a particular school, taking advantage of spabove is not now under a long-term suspension or ex	whom the student is living. This ld, and does not mean that the ki ained in this Affidavit, may requ s Affidavit is valid until the end of ance at a particular school in Schecial services or programs offered apulsion from his/her most recent see	declaration does not affect the right nship caregiver has legal custody of the est additional information and conduct the school year in which it is executed alano County, nor is this affidavit be at a particular school, or for any other sit shool nor is currently subject to a recom-	ts of the named child's parent or legal guardian the child. The school system's Superintendent, or t an audit on a case-by-case basis after the child has. I attest that this request to enroll in Travis Unified eing completed for the purpose of participating in imilar purpose. I further attest that the student named	
Address:  Phone:  Email:  Relation to Child:  I assumed control and charge of the above child, which I provide 24 hr. per day,7 day a week care on (date): child lives with me: % of the time  School the student has last attended:  Parent(s) is aware and has given me permission to care for minor student and authorize Educational and Medical care.  I am unable to contact parent(s) or other legal guardian of minor at this time to notify them of my Educational and Medical authorization.  (OFFICE USE ONLY)  Caregiver ID: 2 Proofs of Residency: Parent Letter / Statement: School(s): Continuing: Returning: New: Grade(s):	I, the Caregiver, am over eighteen	n (18) years of age and to	estify to the facts and matte	ers set forth herein.	
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I am unable to contact parent(s) or other legal guardian of minor at this time to notify them of my Educational and Medical authorization.  (OFFICE USE ONLY)  Caregiver ID: 2 Proofs of Residency: Parent Letter / Statement: School(s): Continuing: Returning: New: Grade(s):	School the student has last attended	ed:			
Medical authorization.  (OFFICE USE ONLY)  Caregiver ID: 2 Proofs of Residency: Parent Letter / Statement: School(s): Continuing: Returning: New: Grade(s):		ven me permission to car	re for minor student and au	thorize Educational and Medical	
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School(s): Continuing: New: Grade(s):		(OFFICE USE OF	NLY)		
School(s): Continuing: New: Grade(s):					
Continuing: Returning: New: Grade(s):					
				e:	

1. Reason(s) the student is living with the adult Caregiver (check all that apply)				
I am the Kinship Caregiver				
Death of a parent or legal guardian.				
Serious illness of a parent or legal guardian.				
Incarceration of a parent or legal guardian.				
Abandonment by a parent or legal guardian.				
The loss or in habitability of the student's home as the result of a natural disaster.				
The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military				
Other circumstances:				
Additional Information				
a. "Qualified relative," means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.				
<ul><li>b. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to carefor a minor. If you have any questions, please contact the Department of Social Services.</li><li>c. If the minor stops living with you, you are required to notify any school, health care provider, or healthcare service plan to which you have</li></ul>				
given this affidavit.				
d. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of theminor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.				
e. The school district may require additional reasonable evidence that the caregiver lives at the address. Home visitations and / orresidency verification				
may be part of the process.  f. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actualknowledge of facts contrary to those stated in the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.				
g. This affidavit does not confer dependency for health care coverage purposes.				
A notary public or other officer completing this certificate verifies only the identity of the individual who signed this document and not the truthfulness, accuracy, or validity of this document, Caregiver Affidavit.				
State of California, County of				
Subscribed and sworn to (or affirmed) before me this day of 20 By,				
Signature of Caregiver (adult with whom the child is living):				
Signature of Parent/Legal Guardian (if available):				
The above named proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is / are subscribed to be within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ties) and that by his/her/ their signature(s) on this instrument, the person(s) or the entity upon behalf the person(s) acted, executed the instrument.				

Signature of Notary Public: