

2024-25 Caregiver's Affidavit

This affidavit is
valid for the current
school year only.

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.
Please read information on reverse side. Legal guardians are only appointed by a Court of Law.

| | | | | | |
|--|--|--|--|--|--|
| #1 Student's Last Name | Student's First Name | 2024-25 Grade | Date of Birth | Age | M/F/N |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| Parent's Last Name | Parent's First Name | Previous School Attended | | | |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | | | |

| | | | | | |
|---|--|--|--|--|--|
| #2 Parent's Current Street Address | Apt. | Home Phone | | | |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | | | |
| Parent's Current City | State | Zip | Alt Phone (Cell#) | | |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | | |

| | | |
|--|--|--|
| #3 Caregiver's Last Name | Caregiver's First Name | Relationship to Student |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |

| | | | |
|--|--|--|--|
| #4 Caregiver's Street Address | Apt. # | Cell Phone Number | Email Address |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| Caregiver's City | Zip | School of Residence | #5 Caregiver's Date of Birth |
| <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |

Completion of items 1–4 and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-9 are required to authorize any other medical care. Section 6552 of the Family code grants the school district permission to require additional reasonable evidence that the caregiver lives at the address provided in item 4.

#6 ☐ I am a grandparent, aunt, uncle, or other qualified relative of the minor.

#7 Check one or both (for example, if one parent was advised and the other cannot be located):

☐ I have advised the parent(s)/guardian(s) of the minor of my intent to authorize medical care and have received no objection.

☐ I am unable to contact the parent(s)/guardian(s) of the minor at this time to notify them of my intended authorization.

#8 My California State Driver's License or California State ID Card number is

#9 International students must include a copy of passport to verify student age.

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that the minor named above lives in my home full-time, and I am 18 years of age or older. I understand that home visitation is a part of a periodic process of verification when residency is established by a Caregiver's Authorization Affidavit.

Signature of Caregiver

Date

TO BE COMPLETED BY EDUCATIONAL SERVICES DEPARTMENT:

Affidavit Approved by:

Teri Faught, Associate Superintendent

Date

Assigned School

☐ Renewal

Comments: _____

CAREGIVER'S AFFIDAVIT PROCEDURES

Effective September 25, 2009

I. Purpose and Eligibility for the *Caregiver's Affidavit*

- Students shall qualify as district residents if they reside full-time, 7 days a week, 24 hours a day, including periods of school recess and vacation, in the home of a caregiving adult within district boundaries. Proof of district residency shall be required as part of the enrollment process as noted below.
- **The STUDENT, PARENT/GUARDIAN and the CAREGIVER must meet with District staff. Students must be currently living with the caregiver full-time to be eligible for enrollment under this procedure.**
- Students may be assigned to a school based on available space.
- Upon enrollment, the caregiving adult shall execute, under penalty of perjury, a Caregiver's Affidavit.
- The law may require the caregiver, if not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. Caregivers may contact their local Department of Social Services.
- If the Superintendent or designee, on investigation, determines from actual facts that the student is not living with the caregiver, the student affected shall either be denied enrollment, or, if already enrolled, shall be disenrolled effective five school days from the date that the parent/legal guardian and caregiver were notified (at last known address) of the residency determination.

II. Procedures for Obtaining a *Caregiver's Affidavit*

- The Caregiver Affidavit form is available at the Educational Services Department located at 1299 Bryant Avenue in Mountain View. **The affidavit expires at the end of the current school year or at the time the full-time caregiver relationship ends, whichever comes first. Unless a new affidavit is submitted, the student will be disenrolled.**
- **THREE (3) documents are REQUIRED to establish residency. Post Office boxes do not meet residency requirements. Only street addresses are accepted.**
 1. **Caregiver's picture ID from the following list:**
 - a. Current CA State Driver's License
 - b. Current CA State ID Card
 - c. Valid Passport or Consulate-issued picture ID
 - d. Credencia Para Votar (Voter Registration)
 2. **ONE of the following ORIGINAL documents with the caregiver's name and address:**
 - a. Current, valid vehicle registration
 - b. State or Federal tax return filed within the past 12 months with W-2 form(s) attached. *Business returns do not meet residency requirements*
 - c. Current bank statement, issued within 35 days from date of enrollment
 3. **ONE of the following ORIGINAL documents with the caregiver's name and address:**
 - a. Property Tax bill with caregiver's name and property address, indicating home owner's exemption
 - b. Rental or lease agreement with caregiver's name, student name and address, as well as manager or owner's name and phone number
- If the caregiver does not have the information requested in item 8 on the affidavit, the caregiver may provide his/her social security number or Medi-Cal number in lieu of the California Driver's License.

III. Conditions for Students Enrolled on a Caregiver's Affidavit

- If the minor stops living with the caregiver on a full-time basis, the caregiver is required to **immediately notify** the school the student is attending as well as the Mountain View-Los Altos Union High School District's Associate Superintendent of Educational Services at (650) 940-4650 x7031. Notification must take place within 72 hours of the student's change in residency status.
- This affidavit does not affect the rights of the minor's parent(s)/guardian(s) regarding school related issues or the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.

PLEASE NOTE: Use of Caregiver's Affidavits to establish residency must be substantiated by truthful, accurate and complete documentation. The District may initiate legal action against any caregiver, resident, and/or parent who provides false information or makes false assertions or may report such person to law enforcement.

2024-25 Parent/Guardian Authorization of Loco Parentis

| | | | | | |
|---------------------------------|------------------------|--------------------------|----------------------|----------------------|----------------------|
| Student's Last Name | Student's First Name | 2024-25 Grade | Date of Birth | Age | M/F/N |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Parent's Last Name | Parent's First Name | Previous School Attended | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| Parent's Current Street Address | Apt. | Home Phone | Alt Phone (Cell #) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Parent's Current City | State | Zip | Country | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Caregiver's Last Name | Caregiver's First Name | Relationship to Student | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |
| Caregiver's Street Address | Apt. | Cell Phone Number | Email Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Caregiver's City | Zip | School of Residence | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | | |

I hereby authorize the person named above as Caregiver to act in Loco Parentis (the capacity of parent) to said minor in all school-related matters and to assume educational responsibility for said child. Such responsibility includes the right to review and secure copies of said student's educational records, fully represent the student in all school-related matters and authorize school-related and any other medical care.

I understand that if my child is not actually living full time, 7 days a week, 24 hours a day, including periods of school recess and vacation, with the above-named Caregiver, my child's enrollment in the school district will cease immediately. **I declare under penalty of perjury that the facts as stated above are true and accurate.** Caregiving adults and/or parents/guardians who provide false information may be subject to fines, imprisonment, or both, as well as civil liability which may arise out of the providing of false information. In the event that my son or daughter does not live at the address given above, I understand that I must notify the school the student is attending as well as the Mountain View-Los Altos UHSD Associate Superintendent of Educational Services at 650/940-4650 x7031 of this within 72 hours, and if I do not, **I will be fully liable for any and all costs incurred by the district in establishing the student's true residency.** I hereby release the District and its employees from any and all liability resulting from the District's reliance on this affidavit and agree that in the event of any claim or cause of action, including but not limited to claims of personal injury and property damage, as a result of the District's reliance on this affidavit, I will indemnify and hold harmless the District.

PLEASE NOTE: Use of Caregiver's Affidavits to establish residency must be substantiated by truthful, accurate and complete documentation. Further, the District may initiate legal action against any caregiver, resident, and/or parent/guardian who provides false information or makes false assertions or may report such person to law enforcement.

I have read, understand and agree to comply fully with the above.

Signature of Parent/Guardian

Date