



FREMONT UNION HIGH SCHOOL DISTRICT
2019-20 CAREGIVER'S AFFIDAVIT
 589 W. Fremont Avenue · Sunnyvale, CA · 94087 · (408) 522-2200

School: _____

RENEWAL

Yes No

SCHOOL PLACEMENT WILL BE CHOSEN BY THE DISTRICT FOR ALL STUDENTS USING CAREGIVER AFFIDAVITS

AFFIDAVIT INFORMATION

Use of this affidavit is authorized by Part 1.5 of Division 11 of the California Family Code. Completion of Parts 1-3 and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of Part 4 is required to authorize any other medical care.

PART 1 - STUDENT INFORMATION

Student's Last Name	Student's First Name	Grade	Birth Date	Age	M/F
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Previous School Attended	FUHSD Student ID	Is this Student in a Special Education Program?		Yes	No
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PART 2 - PARENT / LEGAL GUARDIAN INFORMATION

Parent's Name	Parent's Email	Parent's Phone #s
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Reason not living with Student	Parent's Address & Country if not in USA	In FUHSD Out of FUHSD
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>

PART 3 - CAREGIVER INFORMATION

Caregiver's Last Name	Caregiver's First Name	Birth Date	Relationship to Student
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Caregiver's Current Street Address	Apt.	City	State ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
Caregiver's Home Phone	Caregiver's Cell Phone	Caregiver School of Residency	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

PART 4 - ADDITIONAL MEDICAL CARE AUTHORIZATION

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

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

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time to notify them of my intended authorization.

My California State Driver's License or California State Identification Card number is:

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

Caregiver Signature

Date

District Office Use Only	
Approved By: _____	Data Entry By: _____



FREMONT UNION HIGH SCHOOL DISTRICT
PAGE 2 OF CAREGIVER'S AFFIDAVIT

Excerpts from FUHSD Administrative Regulation 5111.11: Residency Of Students With Caregiver
(The Full text of AR 5111.11 is available upon request)

1. Students shall qualify as district residents if they reside full-time in the home of a care-giving adult within district boundaries. "Full-time" for the purposes of this regulation is defined as:
 - a. **The student's primary residence is that of the care-giving adult, 24 hours a day, seven days a week;**
 - b. **The student resides in the home of the care-giving adult during periods of vacation and/or repose.**
2. Students may be assigned to a school based on available space.
3. Students shall not qualify as district residents under this Administrative Regulation if:
 - a. The student's primary residence is located outside district boundaries
 - b. The student resides less than full-time in the home of a care-giving adult or returns to the home of the care-giving adult only before and/or after school. Such relationships are determined to be "child care" and do not qualify as a caregiver relationship.
4. 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 addresses) of the residency determination. In such event, the student shall be treated according to AR 5111.1 concerning students declined enrollment or disenrolled.

TO CAREGIVERS

1. "Qualified relative," for purposes of Part 4, 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.
2. 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 care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. If you do not have the information requested in Part 4 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, 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.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

GENERAL NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.