

OAK GROVE SCHOOL DISTRICT

INTRA-DISTRICT TRANSFER REQUEST

CHILD CARE AFFIDAVIT

(Please complete only if Child Care is the reason for the request)

This is to certify that I, _____
(Last Name) (First Name)

provide Child Care for: _____
(Student Last Name) (Student First Name)

who is attending: _____
(Name of School) (Grade)

1. Name of Child Care Facility: _____

2. Address: _____
(Street) (City) (Zip)

3. Facility/Provider's Phone Number: _____

4. Child Care is provided on the following days: M T W T F
(Please check all that apply)

5. Child Care is provided for the following hours: _____

6. How long have you provided Child Care for this student? _____
(Years/Months)

I declare under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Misrepresentation of facts will result in revocation of transfer request.

Signature of Parent/Guardian _____ Date _____

Signature of Child Care Provider _____ Date _____

District Office Use Only

Verification made by: _____