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

_____ - _____ School Year **New: ____** **Renewal: ____** **Returning: ____** **Date: _____**

Student Name: _____ Birth Date: _____ Age:_____

Incoming Grade: _____ Resident School: _____

Instructions: Complete and Provide the following documents:

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 Affidavit shall be completed for students living in the Travis Unified School District, but who are residing with a person who is not the parent or legal guardian. This Affidavit shall be completed by the adult with whom the student is living. This declaration does not affect the rights of the named child's parent or legal guardian regarding the care, custody and control of the child, and does not mean that the kinship caregiver has legal custody of the child. The school 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 attest that this request to enroll in Travis Unified School District is not primarily related to attendance at a particular school in Solano County, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for 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 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): _____

Approved: _____ Authorized Signature:_____ Date: _____

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.
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.
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 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: _____

Notary Seal