

**OAK GROVE SCHOOL DISTRICT  
INTER-DISTRICT TRANSFER REQUEST  
CHILD CARE AFFIDAVIT**  
(PLEASE PRINT OR TYPE)

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: \_\_\_\_\_