



**CARROLLTON-FARMERS BRANCH  
INDEPENDENT SCHOOL DISTRICT**

**GRANDPARENT CARE AFFIDAVIT**

NOTICE TO PERSON ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10.

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1. My name is \_\_\_\_\_ . I am the parent or legal guardian of \_\_\_\_\_ for whom I am requesting admission to the Carrollton Farmers Branch Independent School District under Education Code 25.001 (b) (9).

2. This child and I reside at \_\_\_\_\_ in the \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.

3. This child is \_\_\_\_\_ years of age on September 1 of this scholastic year and currently attends \_\_\_\_\_ in the \_\_\_\_\_ School District.  
(School)

4. This child's grandparent, \_\_\_\_\_, resides at \_\_\_\_\_  
Name of Grandparent

\*Attach proof of residency

5. This child's grandparent, \_\_\_\_\_, will provide my child after-school care as follows:  
Name of Grandparent

a. Actual hours per day: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

b. Number of school days per week: \_\_\_\_\_

c. Months that the child's grandparent will provide this care: \_\_\_\_\_



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6. I agree to notify the Superintendent designee within three (3) school days of any changes to the after-school care described above.

7. I authorize the employees of the Carrollton Farmers Branch Independent School District to contact the child's grandparent identified below for non-emergency purposes.

Signature of (parent/guardian) Affiant \_\_\_\_\_

Typed or Printed Name of Affiant \_\_\_\_\_

Signature of Grandparent \_\_\_\_\_

Typed or Printed Name of Grandparent \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME on this the \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas