



This type of affidavit is used when a child is living with a relative or non-relative (“Caregiver”) and without the parent. In addition to completing this affidavit, Caregiver must provide all other Registration documents required by PAUSD (available on website pausd.org/Enrollment). **This affidavit must be renewed each year.**

Notices

1. Students shall qualify as district residents if they reside full-time in the home of a care-giving adult **within district boundaries**.
2. This declaration does not affect the right of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean the caregiver has legal custody of, or educational rights for, the minor. Please have one or more parent and/or legal guardian complete page 3.
3. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
4. This affidavit is valid for only the school year listed in the form. In addition to renewing this document each year, caregiver **must complete** the Annual Data Update each year (notification and instructions emailed in the spring).

Additional Information

To Caregivers

1. "Qualified relatives", for purposes of item 5, 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, certified, or approved foster parent, to obtain resource family approval pursuant to Section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Institutions Code 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 item 8 (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 in item 4.

To Health Care Providers and Health Care Services 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 application portions of the form are completed.
2. This affidavit does not confer dependency for the health care coverage purposes.

CAREGIVER AFFIDAVIT

Caregiver WARNING: Do not sign this form if any of the statements below are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

Caregiver: I declare under penalty of perjury under the laws of the State of California that the following is true and correct.

Signed: _____

Date: _____

School Year: 2024-2025

*Use of this affidavit is authorization by Part 1.5 (commencing with Section 6550) of Division 11 of the **California Family Code**.*

Instructions:

Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize the school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care.

Print clearly. The minor named below lives in my home and I am 18 years of age or older.

1. Name of Minor: _____

2. Minor's Birth Date: _____

3. My Name (adult giving authorization): _____

4. My Home Address: _____

Phone # _____

5. I am a grandparent, aunt, uncle, or other **qualified relative** of the minor (see back of this form for a definition of "qualified relative").

Relationship: _____

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

I have advised the parent(s)/guardian(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)/guardian(s) or the other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My Date of Birth: _____

8. My California's Driver's License or Identification Card Number: _____

PALO ALTO UNIFIED SCHOOL DISTRICT PARENT/GUARDIAN AUTHORIZATION RE: CAREGIVER

I _____, am the parent/court appointed guardian of _____
Name of Parent Name of Student

to be enrolled within the Palo Alto Unified School District because my child is residing full time with the
caregiver _____.
Name of Caregiver

Briefly describe the reason the student is living with the Caregiver:

I understand that:

1. The Palo Alto Unified School District may release school records pertaining to my child to the above-named caregiver, including any and all academic progress and/or testing and/or disciplinary matters.
2. In the absence of any situation that warrants otherwise (including, but not limited to, a court order), parents/legal guardians are the holders of educational rights for the child and as such must make all decisions pertaining to my child's education, including attending meetings with school staff, approving educational plans, and approving field trips.

Parent Signature _____ Date _____

Parent 1/Legal Court Appointed Guardian 1 Address:

Address	City	State	Zip
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Email address	Home Phone	Work Phone	Cell Phone

Parent 2/Legal Court Appointed Guardian 2 Address:

Address	City	State	Zip
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Email address	Home Phone	Work Phone	Cell Phone