



WISD Resident Student in a Resident Grandparent's After-School Care (Grandparent Care Application)

This application is for a parent/legal guardian of a resident student requesting to enroll their child in Waxahachie ISD as a resident grandparent providing substantial after-school care of the student during the regular school week. (See WISD Board Policy FD(Local); FDB(Local).

- Grandparent **is** a WISD resident.
- Parent and Child **are** WISD residents.
- Resident Grandparent provides after-school care consisting of at least two hours per school day for five days during the regular school week.

The school registrar or PEIMS clerk will help answer any questions about the process with the parent/legal guardian.

All applicants must complete either New Student Online Enrollment or Returning Student Registration prior to the submission of this application.

All parts of this application must be completed prior to being considered for enrollment.

To complete this application process, applicants must be prepared to provide:

- Government-Issued ID of the Parent/Legal Guardian **and** the Grandparent.
- Two (2) Proofs of Grandparent's Residency (per Waxahachie ISD Residency Requirements)
- Most Recent Report Card/Transcript (New Students to WISD Only).

After the application has been submitted, the resident and parent/legal guardian may be required to meet with an administrator at the campus to review the application to determine any clarifying information may be needed. This process is necessary to make sure the district enrolls the student correctly and all applicable services are provided.

Proof of Residency #1

- Current mortgage statement or current lease/rental agreement, **or**
- The most recent tax receipt indicating home ownership/Tax Appraisal Statement
and

Proof of Residency #2

- Current water, electricity, or gas bill (no telephone bills) indicating physical address and the resident's name.
(*"Current" is defined as within the last 30 calendar days.*)

*****Campuses at/exceeding 80% capacity will be reviewed case by case: depending on grade level capacity.**

Resident Student in a Resident Grandparent's After-School Care

(Grandparent Hardship Transfer Application)

Please Check One: **New** **Renewal** _____ **School Year**

NOTICE TO PERSONS 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 and grounds for immediate revocation of enrollment under this provision.

BEFORE ME, the undersigned notary public, personally appeared

(Parent) _____ and

(Grandparent) _____ known to me to be the person whose names are subscribed below, who, upon being duly sworn, stated:

(To be completed by the parent or guardian)

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____. I am the parent or legal guardian of the student(s) listed below:

a) Student Name: _____ Student ID#: _____

This child is _____ years of age on September 1 of this scholastic year and is zoned for _____ school in the school district noted above, and is in the _____ grade.

Requesting Campus: _____

b) Student Name: _____ Student ID#: _____

This child is _____ years of age on September 1 of this scholastic year and is zoned for _____ school in the school district noted above, and is in the _____ grade.

Requesting Campus: _____

c) Student Name: _____ Student ID#: _____

This child is _____ years of age on September 1 of this scholastic year and is zoned for _____ school in the school district noted above, and is in the _____ grade.

Requesting Campus: _____

d) Student Name: _____ Student ID#: _____

This child is _____ years of age on September 1 of this scholastic year and is zoned for _____ school in the school district noted above, and is in the _____ grade.

Requesting Campus: _____

e) Student Name: _____ Student ID#: _____

This child is _____ years of age on September 1 of this scholastic year and is zoned for _____ school in the school district noted above, and is in the _____ grade.

Requesting Campus: _____

Please explain the hardship that requires Grandparent After-School Care and a campus transfer.

2. The child(ren) reside at _____
House # & Street City, TX Zip Code

Within the Waxahachie School District attendance zone. My telephone numbers and email are:

(HOME) (CELL) (WORK) (EMAIL)

3. The child(ren)'s grandparent, _____, provides my child with after-school care as follows:

- a. Actual hours per day: _____ AM/PM to _____ AM/PM
- b. Number of school days per week: _____
- c. Months that the child's grandparent will provide this care: _____

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

5. I (DO) / (DO NOT) authorize the employees of Waxahachie Independent School District to contact the child's grandparent as identified in (4) above for non-emergency purposes. Contact for emergency purposes shall be as indicated by the parent on the District's Emergency Contact Information.

Signature of (parent/guardian) Affiant: _____

STATE OF TEXAS, COUNTY OF _____ SUBSCRIBED AND SWORN
BEFORE ME on this _____ day of _____, _____.

Notary Public, State of Texas

Signature

Printed Name of Notary Public.

My Commission expires the _____ day of _____, 20_____.

(Notary Seal)

(To be completed by the grandparent who will provide after-school care)

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct.

1. My name is _____. I am the grandparent of this child(ren).

2. I permanently reside at _____
House # & Street City, TX Zip Code
in Waxahachie ISD. My telephone numbers are:

(HOME) (CELL) (WORK)

3. I assume responsibility for the supervision of this child for the purpose of providing after-school care as described in item 3 on the third page of this document.

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

Signature of (grandparent) Affiant _____

STATE OF TEXAS, COUNTY OF _____ SUBSCRIBED AND SWORN
BEFORE ME on this ____ day of _____, _____.

Notary Public, State of Texas
Signature

Printed Name of Notary Public.

My Commission expires the ____ day of _____, 20____.

(Notary Seal)

For District Use:

COMMITTEE MET _____ (DATE) _____ (SIGNATURE)

[] REQUEST APPROVED

[] REQUEST DENIED

PARENT/GUARDIAN NOTIFIED (DATE) _____ BY _____