

Dickinson Independent School District
2218 FM 517 East
Dickinson, Texas 77539
(281) 229-6000

Grandparent Affidavit Before/After School Care for Non Resident Student

(One form per family. To be completed by parent and grandparent who reside in DISD. Intended for students PK-8th grade.)

Parent Name: _____
(Must be on child's/children's birth certificate or other legal document establishing guardianship)

Parent Email Address: _____ Parent Phone: _____

Parent Address: _____ Apt. # _____ ZIP _____

Grandparent Name: _____

Grandparent Email Address: _____ Grandparent Phone: _____

Grandparent Address: _____ Apt. # _____ ZIP _____

Name of Students	Student ID #	Grade	Campus

As the parent/guardian of the above-named child, I am requesting admission to the campus(es) designated above under *Texas Education Code 25.001(b)(9)*. My child's grandparent, as named above, personally provides a substantial amount of before/after school child care as specified below:

Actual hours per day: _____ to _____ AM _____ to _____ PM	Number of school days per week: _____	Number of months per school year: _____
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This form must be signed in the presence of a Notary and stamped by the Notary.

A copy of the following documents are required upon submitting this completed notarized application to Dickinson ISD Administration Building, 2218 FM 517 East, Dickinson, Texas 77539.

- ☐ Parent's Government Issued Photo ID
- ☐ Parent's current utility bill showing service address -Gas, Water or Electric (Disconnect Notices will not be accepted)
- ☐ Student's birth certificate
- ☐ Grandparent's Government Issued Photo ID
- ☐ Grandparent's current utility bill showing service address -Gas, Water or Electric (Disconnect Notices will not be accepted)
- ☐ Grandparent's current lease, mortgage statement, or property tax statement showing property address

WARNING: Falsifying information on this form is a violation of law (Texas Penal Code 37.10 and Senate Bill 1, Education Code 25.001). I also understand that DISD reserves the right to investigate claims of residence under the DISD administrative guidelines as permitted by the Texas Education Code and may conduct a home visit to verify actual occupancy. Students are subject to immediate withdrawal if residency is falsified.

CERTIFICATION: I agree to provide notification of change of address to the campus when such occurs. I hereby certify that the information stated herein is true and accurate to the best of my knowledge. I understand that submitting this form with false information may constitute a violation of Section 37.10 of the Texas Penal Code.

Signature of Grandparent

Signature of Parent/Guardian

This Grandparent Affidavit was signed before me by _____ and
(Grandparent Name)

_____ on the ____ day of _____, 20 _____.
(Parent Name)

DISD Verified	Employee:	Date:
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Notary Signature and Notary Seal