

**AFFIDAVIT OF STUDENT ADMISSION INFORMATION  
(FOR NONRESIDENT STUDENT IN A GRANDPARENT'S AFTER-SCHOOL CARE)**

**NOTICE TO PERSON ENROLLING THE STUDENT:** A person who knowingly presents false information or false records for the purpose of enrolling a student in a public school is subject to prosecution for a criminal offense under Texas Penal Code§ 37.10.

BEFORE ME, the undersigned notary public, personally appeared \_\_\_\_\_ and \_\_\_\_\_, known to me to be the persons whose names are subscribed below, who, upon being duly sworn, stated:

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*(Following 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 \_\_\_\_\_, for whom I am requesting admission to Westlake Academy.
2. This child and I reside at \_\_\_\_\_ in the \_\_\_\_\_ School District. My telephone number is \_\_\_\_\_.
3. This child's grandparent, \_\_\_\_\_, will provide my child after-school care as follows:
  - 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: \_\_\_\_\_
5. I agree to notify the Westlake Academy Head of School within three school days of any changes to the after-school care described above.
6. I (do) (do not) authorize the employees of Westlake Academy to contact the child's grandparent identified below for non-emergency purposes. Contact for emergency purposes shall be as I have indicated on the Emergency Contact Information Card.

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

Typed or printed name of Affiant: \_\_\_\_\_

STATE OF TEXAS           §  
  §  
COUNTY OF \_\_\_\_\_ §

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

*(Notary Seal)*

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

My Commission Expires: \_\_\_\_\_ Printed Name: \_\_\_\_\_

*(Following 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 the above-referenced child.
2. I reside at \_\_\_\_\_ in the Town of Westlake. My telephone number is \_\_\_\_\_.
3. I have responsibility for the supervision of the above-referenced child for the purpose of providing after-school care as described in item 4 above.
4. I agree to notify the Westlake Academy Head of School within three school days of any changes to the after-school care described above.

Signature of (grandparent) Affiant: \_\_\_\_\_

Typed or printed name of Affiant: \_\_\_\_\_

STATE OF TEXAS           §  
  §  
COUNTY OF \_\_\_\_\_ §

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

*(Notary Seal)*

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

My Commission Expires: \_\_\_\_\_ Printed Name: \_\_\_\_\_