

INTERDISTRICT ATTENDANCE

AFFIDAVIT OF CHILD CARE

I, _____, declare as follows:

- 1. I am the parent/legal guardian of the student listed below who is school age and is seeking admission of the Vacaville Unified School District.

Student Name

Date of Birth

- 2. My student's child care provider resides within the Vacaville Unified School District boundaries at:

Provider's Name:

Street Address:

Phone Number:

I declare, under penalty of perjury under the laws of the State of California, that I am the child care provider for the student(s) listed above and that this service is provided at my address shown above.

Signed: _____

Date: _____

I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct. I agree to notify the school of any change in child care arrangements.

Signed: _____

Date: _____

Approved by: _____

Date: _____

District of Residence: _____