Katy Independent School District

Affidavit of Grandparent's After-School Care for Student (TO BE COMPLETED BY THE GRANDPARENT PROVIDING AFTER-SCHOOL CARE)



- a) A person commits an offense if he:
 - (1) knowingly makes a false entry in, or false alteration of, a governmental record;
 - (2) makes, presents, or uses any record, document, or thing with knowledge of its falsity and with intent that it be taken as a genuine governmental record; or
- (3) intentionally destroys, conceals, removes, or otherwise impairs the verity, legibility, or availability of a governmental record.

(b) An offense under this section is a felony.

Education Code, Section 25.001 Admission

(h) In addition to the penalty provided by Section 37.10, Penal Code, a person who knowingly falsifies information on a form required for enrollment of a student in a school district is liable to the district if the student is not eligible for enrollment in the district but is enrolled on the basis of the false information. The person is liable, for the period during which the ineligible student is enrolled, for the greater of:

(1) the maximum tuition fee the district may charge under Section 25.038 of this code; or

(2) the amount the district has budgeted for each student as maintenance and operating expenses.

(A person found guilty of falsifying information on an enrollment form may be liable for tuition for a sum in excess of \$5,000.)

Student(s) live(s):

- Within Katy ISD Boundaries
- Outside Katy ISD Boundaries

Both the parent and grandparent will need to provide proof of residency documentation.

Name of Student:	Last	First	Middle	Grade Level	Campus Based on Grandparent's Residence	
1)						
2)						
3)						
Name of Parent/Guardian: Last			First	Middle		
Home Address of Student(s): Street			Ci	City		

As the grandparent of the above-named child(children), I hereby state that I personally provide the following amount of after-school child care:

Actual hours pe	er day:			Number of school days per week:	Number of months per school year
to	AM and/or	to	PM		

I agree to notify the school within three days of any changes to the after-school care described above. I understand that District employees may contact me for non-emergency purposes and that contact for emergency purposes shall be as indicated by the parents on the Student Enrollment Card. I also understand that I will need to provide documentation for proof of residency.

I understand that falsification of a document related to school records is a criminal offense under *Section 37.10, Penal Code*. In addition to the penalty provided by the Penal Code, *Texas Education Code 25.001(h)* states that a person who knowingly falsifies information on a form required for enrollment is liable for tuition or costs if the student is not eligible for enrollment in the district. I also understand that this document must be completed prior to the beginning of each school year to verify that the after-school care is still being provided.

Name of Grandparent:	Last	First	Middle	Phone Number		
Address of Grandparent:	Street		City	S	state	Zip
Signature of Grandparent				Date		
Note: Enrollment based on a grandparent's residence for after-school care does not guarantee UIL varsity athletic eligibility for a high school student.						

Note: Enrollment based on a grandparent's residence for after-school care does not guarantee UIL varsity athletic eligibility for a high school stud Contact the District's Athletic Department to discuss and/or obtain an application regarding a UIL residence waiver.

STATE OF TEXAS COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared ______known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and considerations therein expressed. GIVEN under my hand and seal of office on this _____ day of _____, 20_.

(Affix Notary Seal)	Notary Public, State of Texas			
FOR OFFICE USE ONLY	After-school Child Care Meets Definition of Substantial Amount Yes No	Signature of Administrator		