



COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
Child Welfare and Attendance
Child Care Verification Affidavit
2020-2021

If the reason for your Interdistrict Transfer Request is Child Care, we need you and your child care provider to complete and sign this affidavit.

Student(s) Information:

Name of Child: _____ DOB: _____ School: _____ Grade: _____

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Name of Child: _____ DOB: _____ School: _____ Grade: _____

Child Care Provider/Agency Information:

Name: _____

Address: _____

Phone Number(s): _____

Payment (please mark one)

I **charge** for my services (*Please attach receipt and sign below*)

I **do not charge** for my services (sign below)

I, the **Child Care Provider** declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that I am providing child care for the above-name student (s) and that I reside in the requested school district.

(Attached proof of residence)

Signature of Child Care Provider/Agency

Print Name

Date

Parent/Guardian Acknowledgment:

I, **Parent/Guardian of the above named student(s)**, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Parent/Guardian

Print Name

Date