CHILD CARE AFFIDAVIT

INTER/INTRA DISTRICT TRANSFER REQUEST

This is to certify that I, _____ _____

Care Provider's Last Name First Name

am providing Child Care for _____ _____

Student's Last Name First Name

who is attending: _____ _____

School Name Student ID Number

(1.) Name of Child Care Facility: _____

(2.) Address: _____ _____ _____

Street City Zip

(3.) Facility/Provider's Telephone Number: _____

(4.) Child Care is provided on the following days: (✔ check the days that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

(5.) Child Care is provided on the following hours: _____

(6.) How long have you provided Child Care for this student? _____

Years/Months

Signature of Child Care Provider _____ **Date** _____

OFFICE USE ONLY:

Verification made by: _____ **Date:**_____