

Waxahachie Independent School District

Excellence in Education

411 North Gibson St., Waxahachie, Texas 75165
Phone: (972) 923-4631 Fax: (972) 923-4759



Resident Student in a Resident Grandparent's After-School Care

(Grandparent Hardship Transfer Application)

NOTICE TO PERSONS ENROLLING THE STUDENT: A person who knowingly falsifies information on a form required for a student's enrollment in the District shall be liable to the District for tuition or other costs, as provided in Education Code 25.001 (h), if the student is not eligible for enrollment but is enrolled on the basis of false information. In addition, presenting false information or false records is a criminal offense under Penal Code 37.10 and grounds for immediate revocation of enrollment under this provision.

BEFORE ME, the undersigned notary public, personally appeared

(Parent) _____ and

(Grandparent) _____ known to me to be the person whose names are subscribed below, who, upon being duly sworn, stated:

(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 _____.

I am requesting enrollment at _____ School under Waxahachie ISD Board Policy FD (Local), for the 20__ - 20__ school year. Please explain the hardship that requires Grandparent After-School Care and a campus transfer.

2. The child and reside at _____
House # & Street City, TX Zip Code

Within the Waxahachie School District attendance zone. My telephone numbers are:

(HOME) (CELL) (WORK)

3. This child is _____ years of age on September 1 of this scholastic year and currently attends _____ school in the school district noted above, and is in the _____ grade.

4. The child's grandparent, _____, provides my child with after-school care as follows:
- a. Actual hours per day: _____ AM/PM to _____ AM/PM
 - b. Number of school days per week: _____
 - c. Months that the child's grandparent will provide this care: _____
5. I agree to notify the Superintendent (or designee) within three school days of any changes to the after-school care described above.
6. I (DO) / (DO NOT) authorize the employees of Waxahachie Independent School District to contact the child's grandparent as identified in (4) above for non-emergency purposes. Contact for emergency purposes shall be as indicated by the parent on the District's Emergency Contact Information.

Signature of (parent/guardian) Affiant: _____

STATE OF TEXAS, COUNTY OF _____ SUBSCRIBED AND SWORN
BEFORE ME on this _____ day of _____, _____.

_____ Notary Public, State of Texas

PERSONALIZED SEAL

_____ Printed Name of Notary Public.

My Commission expires the _____ day of _____, 20_____.

(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 this child.

2. I permanently reside at _____
House # & Street City, TX Zip Code

In the _____ school district. My telephone numbers are:

(HOME) (CELL) (WORK)

3. I assume responsibility for the supervision of this child for the purpose of providing afterschool care as described in item 4 on the second page of this document.

4. I agree to notify the Superintendent (or designee) within three school days of any changes to the after-school care described above.

Signature of (grandparent) Affiant _____

STATE OF TEXAS, COUNTY OF _____ SUBSCRIBED AND SWORN
BEFORE ME on this _____ day of _____, _____.

_____ Notary Public, State of Texas

PERSONALIZED SEAL

_____ Printed Name of Notary Public.

My Commission expires the _____ day of _____, 20_____.

For District Use:

COMMITTEE MET _____ (DATE)

[] REQUEST APPROVED

[] REQUEST DENIED

PARENT/GUARDIAN NOTIFIED _____ (DATE) BY _____