



**AFFIDAVIT FOR STUDENT TRANSFER CHILD CARE REQUESTS
(ELEMENTARY ONLY)
SCHOOL YEAR _____**

This form is required documentation for all child care student transfer requests K-6 only (Forms SS/SE-222 and SS/SE-223). The child care provider must be located within the requested school boundaries and parents or guardians must show hardship in obtaining child care in the base school boundaries. Full-time, before and/or after school child care is needed for student transfer consideration. Be sure to fill in all sections or enter "N/A" in sections not applicable. FCPS staff will verify information provided.

I. THIS SECTION TO BE COMPLETED BY THE ORGANIZATION OR INDIVIDUAL PROVIDING CHILD CARE

Name of Person or Organization	Relationship to Child	Current Grade Level
Address	City	State Zip
		Phone Number

I hereby certify that (I) (we) have agreed to provide regular child care services for _____
Name of Child
as follows: From _____ a.m. to _____ p.m. on the following week days: _____

Remarks:

Signed _____
Name of Individual Title, If Applicable Date

II. THIS SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Use this section to document attempts made to secure child care in the base school boundaries. Attach additional documentation if necessary.

1. Provider Name Phone Number _____

Address City State Zip

Reason Not Used

2. Provider Name Phone Number _____

Address City State Zip

Reason Not Used

III. SECTION TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I understand that providing false or otherwise untrue information for any of the items above could result in a criminal charge of perjury being brought against me. I certify that if any of the conditions indicated in this document should change during this school year, (I) (we) will notify the school administration within 10 business days.

Name of Student(s)

Father or Guardian Signature Mother or Guardian Signature Date

NOTE: ONLY PARENT OR GUARDIAN SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____ 20____

State _____ County _____ My commission expires _____

Witness my hand in official seal Notary Public

Return This Form and Application to the Base School Registration Number _____