



Robla School District

5248 Rose Street, Sacramento, CA 95838-1633
(916) 991-1728 ext. 508 - Fax: (916) 992-0308

Ruben Reyes, Superintendent

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Child Care Verification Affidavit

(Please include this affidavit with your Interdistrict Transfer application)

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 and submit with the following documents:

1. Proof that your child care provider resides in the school district you are requesting
2. Receipt or canceled check to verify payment if you pay for child care services.

Child's Information

Name of Child:	_____	Date of Birth:	_____
Name of Child:	_____	Date of Birth:	_____
Name of Child:	_____	Date of Birth:	_____

Child Care Provider/Agency Information

Child Care Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Ext: _____

Payment (please mark one): I **charge** for my services *(attach receipt and sign below)*
 I **do not charge** for my services *(sign below)*

I, the undersigned, affirm that I am providing child care for the above named child(ren) and that I reside in the requested school district (attach proof of residence).

Signature of Child Care Giver / Agency

Date

Parent Acknowledgement

I, parent/guardian of the above named child(ren), affirm that the information contained herein is accurate.

Signature of Parent / Guardian

Date