



SILVER VALLEY UNIFIED SCHOOL DISTRICT

Child Care Verification Affidavit

(For Interdistrict Transfer application)

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

Student(s) Information

Name of Child(ren)	DOB	School	Grade

Child Care Provider/Agency Information

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

I understand and affirm that I am providing child care for the above-named student(s) and that I reside in the requested school district **(Proof of residence required, please attach)**.

Signature of Child Care Provider/Agency

Print Name

Date

Parent/Guardian Acknowledgment

I, the parent/guardian of the above-named student(s), affirm that the information contained herein is accurate and true.

Signature of Parent/Guardian

Print Name

Date