

Santa Maria Joint Unified School District

CAREGIVER AUTHORIZATION AFFIDAVIT

EFFECTIVE SCHOOL YEAR: _____ STU ID#: _____ CLASS OF: _____

SCHOOL REQUESTED: SMHS PVHS RHS DHS

- 1. Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.
2. There is no guarantee as to the school assigned. Superintendent or superintendent's designee shall consider space availability and other pertinent factors prior to enrollment.
3. Court documents determining custody or appointing a guardian shall supersede this document.
4. Providing sufficient forms of valid identification and residency verification (bills) as requested by school district are required for enrollment.
5. A student residing with a Caregiver will be limited to all athletic competition below the varsity level.

MINOR'S INFORMATION

1. Legal Last Name: _____ First Name: _____ Middle Name: _____ Grade: _____
2. Date of Birth: _____ Birth Location: _____

PARENT'S INFORMATION

3. Name of Minor's Parent/ Legal Guardian(s): _____ Phone Number: _____
Legal Guardianship Court Documents Verified: Yes No
4. Address of Minor's Parent/Legal Guardian(s): _____
If applicable, School Boundary of Parent/Legal Guardian: _____
City: _____ State: _____ Zip Code: _____ Country: _____

CAREGIVER'S INFORMATION

5. Name of Adult Caregiver: _____ Date of Birth: _____
6. Address: _____ City: _____ Zip Code: _____ School Boundary: _____
7. Home Phone: _____ Work Phone: _____ Cell Phone: _____
8. I am a grandparent, aunt, uncle or other qualified relative of the minor. Relationship: _____
9. The minor named above lives in my home and I am 18 years of age or older.
10. Please check one:
 I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize school-related medical care and have received no objection.
 At this time, I am unable to contact the parent(s) or other person(s) having legal custody of minor to notify them of my intended authorization. REASON: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH. EC 48204

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Caregiver's Signature: _____ Print Name: _____ Date: _____
Parent(s)/Legal Guardian Signature: _____ Print Name: _____ Date: _____

PARENT MAY ATTACH A LETTER TO THIS APPLICATION WITH A REASON FOR THE REQUEST

STUDENT SERVICES USE ONLY:

Approved to attend _____ Reason: _____
Superintendent's Designee: _____ Date: _____

CAREGIVER RIGHTS: ADDITIONAL AUTHORIZATIONS

949297.1

I am the legal custodial parent/guardian of _____
Student's Name

My child is currently living with his/her caregiver _____ (Caregiver”).

I understand my child is enrolled in the Santa Maria Joint Union High School District.

I hereby authorize Caregiver to consent to all school-related activities involving my child including field trips and sports. I also authorize Caregiver to receive, and to sign where necessary, all school-related documents involving my child, including report cards, test results, etc. I further authorize Caregiver to act in all disciplinary actions related to my child.

I understand that pursuant to the Caregiver Affidavit, Caregiver may consent to medical, dental, and mental health services as authorized by the Family Code. (See Family Code §§ 6550; 6552.)

Parent(s)/Legal Guardian) Signature

Print Name

Date

Contact Phone Number

Santa Maria Joint Union High School District
CAREGIVER'S AUTHORIZATION AFFIDAVIT

E 5111.11(b)

Notices:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

Additional Information:

TO CAREGIVERS:

1. **A student residing with a district approved Caregiver will be limited to all athletic competition below the varsity level. BP 6145.2(b)**
2. "Qualified relative," for purposes of item #11 of page 1 of the affidavit, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
3. The law may require you, **if you are not a relative** or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
4. If the minor stops living with you, **you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.** The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
5. If you do not have the information requested in item #5 or #10 (driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item #8.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.