CV

U H S D

Centinela Valley Union High School District
Educational Services Division

Board of Education
Gloria A. Ramos, *President*
Sandra C. Suarez, *Vice President*
Rocio Pizano, *Clerk*
Rudy Salas, *Member*
Francisco Talavera, *Member*

Superintendent
Jose A. Fernandez

14901 Inglewood Avenue
Lawndale, California 90260-1251
(310) 263-3170
Fax (310) 675-8286

My signature on this document indicates that I have been informed by Centinela Valley Union High School District, and understand fully that the District will verify information stated on the Caregiver's Authorization Affidavit pursuant to Education Code, Section 48204 and California Family Code, Division II, Part 1.5. Furthermore, I understand that the Centinela Valley Union High School District may seek prosecution for perjury under the laws of the State of California if any of the information contained on the form is incorrect, if address of Caregiver changes, or if minor stops living with Caregiver.

Mi firma en este documento indica que se me informó por el Distrito Escolar Centinela Valley, y comprendo totalmente que el Distrito verificará la información escrita en esta declaración jurada por escrito de acuerdo al Código de Educación, Sección 48204 y el Código de Familia en California, División II, Parte 1.5. También comprendo que el Distrito Escolar Centinela Valley puede enjuiciarme por juramento falso bajo las leyes del Estado de California si la información contenida en esta forma es incorrecta, si el domicilio del protector autorizado cambia, ó si el menor de edad deja de vivir con el protector autorizado.

Printed Name of Caregiver *Nombre del Protector Autorizado*	Printed Name of Student *Nombre del Estudiante*
Signature of Caregiver *Firma del Protector Autorizado*	Date *Fecha*

OFFICE USE ONLY

Signature of District Administrator _____ Date _____

School: ❑ *Hawthorne* ❑ *Lawndale* ❑ *Leuzinger* ❑ *Lloyde* **School Year:** 2009-2010

CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT
CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-5 and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 6-9 is additionally required to authorize any other medical care.

The minor named below lives in my home and I am 18 years of age or older. (Print clearly.)

1.   Name of Minor: _____

2.   Minor's Birth Date: _____   Grade: _____

3.   Caregiver's Name: _____

4.   Caregiver's Home Address: _____

      _____

5.   Caregiver's Telephone Number: _____

      _____

If residence is rented, this section is to be completed by owner or manager.

I am aware that _____ and _____
                        Caregiver's Name   Student's Name
are sharing the above residence.

_____   _____   _____
Manager's/Owner's Printed Name   Manager's/Owner's Signature   Date
_____

6.   ❑   I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative"). Specify relationship: _____

7.   Check one or both (for example, if one parent was advised and the other parent cannot be located.
      ❑   I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
      ❑   I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

8.   Caregiver's Birth Date: _____

9.   Caregiver's California Driver's License or Identification Card Number: _____

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.

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

NOTORIZATION
SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____Day of _____, 20_____

At_____, CA

_____
NOTARY

_____
NOTARY AUTHORIZATION

LEGAL PARENT/GUARDIAN INFORMATION
Printed Name _____
Address _____
_____
Telephone Number _____
CA Driver's License # _____
Signature_____

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.

3. This affidavit is not valid for more than one year after the date on which it is executed.

Additional Information:

1. "Qualified relative," for purposes of item 6, 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.

2. 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 department of social services.

3. If the minor stops living with you, you are required to notify any school, health care provider, or heath care service plan to which you have given this affidavit.

4. If you do not have the information requested in item 9 (California 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 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 4.

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 state 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.