

**Affidavit of Student Admission Information  
(for Nonresident Student in a Grandparent's After-School Care)  
2025-2026 School Year**

**Notice to person enrolling the student: A person who knowingly falsifies information on a form required for a student's enrollment in a school district is liable to the district for tuition or other costs, as provided in Texas Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of the false information. In addition, presenting false information or false records is a criminal offense under Texas Penal Code 37.10.**

**To be completed by the parent or guardian**

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct. I am the parent/legal guardian of the student listed below, for whom I am requesting admission to Eagle Mountain-Saginaw ISD under Education Code 25.001(b).

**Parent/Guardian Information**

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_  
(Include city and zip code)
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

**Student Information**

- **Name:**
- **Address (if different than the parent/guardian):**  
\_\_\_\_\_  
(Include city and zip code)

This student is \_\_\_\_\_ (*number of*) years of age on September 1 of this scholastic year and currently attends \_\_\_\_\_ (*name of campus*) in the \_\_\_\_\_ school district.

This student's grandparent, \_\_\_\_\_ (*name*), will provide my child after-school care as follows:

1. Actual hours per day: \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.
2. Number of school days per week: \_\_\_\_\_

ADMISSIONS  
AFFIDAVIT OF GRANDPARENT CARE

FD  
(EXHIBIT)

3. Months that the student's grandparent will provide this care: \_\_\_\_\_

I agree to notify the Superintendent or designee within **three school days** of any changes to the after-school care described above.

I *(do)* *(do not)* authorize the employees of Eagle Mountain-Saginaw Independent School District to contact the student's grandparent identified below for nonemergency purposes. Contact for emergency purposes will be as I have indicated on the District's Emergency Contact Information.

Name of affiant *(parent/guardian)* *(print or type)*: \_\_\_\_\_

Affiant's signature: \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ - known to me to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed the same for the purpose and considerations therein expressed. GIVEN under my hand and seal of office of this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas (Affix Notary Seal)

**To be completed by the grandparent who will provide after-school care**

**Notice to person enrolling the student: A person who knowingly falsifies information on a form required for a student's enrollment in a school district is liable to the district for tuition or other costs, as provided in Texas Education Code 25.001(h), if the student is not eligible for enrollment but is enrolled on the basis of the false information. In addition, presenting false information or false records is a criminal offense under Texas Penal Code 37.10.**

I am over 18 years of age and am legally competent to testify. I have personal knowledge of the facts set forth herein, and they are true and correct. I am the grandparent of the child listed on page one (1). I will provide after-school care for the child, and I affirm that I live in the Eagle Mountain-Saginaw ISD district boundaries. I will assume responsibility for the supervision of this child for the purpose of providing after-school care as described above. I agree to notify the Superintendent or designee within three school days of any changes to the after-school care described above.

**Resident Grandparent Information**

- **Name:** \_\_\_\_\_
- **Address:** \_\_\_\_\_  
(Include city and zip code)
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_

Name of affiant (*grandparent*) (*print or type*): \_\_\_\_\_

Affiant's signature: \_\_\_\_\_

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ - known to me to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he/she executed the same for the purpose and considerations therein expressed. GIVEN under my hand and seal of office of this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas (Affix Notary Seal)