IRVINE UNIFIED SCHOOL DISTRICT

AFFIDAVIT TO VERIFY AGE OF CHILD FOR ADMISSION TO A CALIFORNIA SCHOOL DISTRICT

I, _____, declare as follows:

I am the (check one) ☐ parent ☐ legal guardian ☐ caregiver of

_____

Name: First Middle Last Date of Birth

a school age minor who is seeking admission to _____
School

in the _____District

Pursuant to California Education Code section 48002, I am submitting this affidavit as proof evidencing that the above mentioned child is of the minimum age fixed by law for admission to the school district and that the date of birth written above is true and correct.

I declare under penalty of perjury under the law of California that the above is true and correct and that if called upon to testify, I would be competent to testify thereto.

_____ _____
Signature of Parent/Legal Guardian/Caretaker Date

Witnessed by: _____
School administrator's signature or his/her designee