

- Caregiver's Copy
- School's Copy



# IRVINE UNIFIED SCHOOL DISTRICT

## Caregiver Affidavit Information

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

Caregiver's Relationship to Student \_\_\_\_\_

Caregiver Address \_\_\_\_\_

Phone Numbers (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

*(Parent)*

Parent phone number: \_\_\_\_\_ Parent email address: \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

*(Caregiver)*

Approved by \_\_\_\_\_ Date \_\_\_\_\_

*(School Administrator or Designee)*