

VALLEY CENTER-PAUMA UNIFIED SCHOOL DISTRICT

AFFIDAVIT OF BIRTH

Education Code 48002

I, _____, being the natural mother natural father legal guardian, do hereby certify that _____ is the birth date of _____, born at _____, _____, _____.

I declare under penalty of perjury that the foregoing information is true and correct. In addition, I hereby understand that I may be held liable for any costs incurred by the district for educating a student who has been enrolled on the basis of a falsified birth date.

Check appropriate box(s):

A copy of the pupil's birth certificate is unavailable at this time. I have sent a written request to the appropriate authorities for a certified copy of same. I have been told that it will take approximately _____ to receive an official copy. I will promptly submit a copy of the birth certificate as soon as it is received. (A copy of the written request must be attached to this form). Date requested: _____.

There is insufficient time in which to obtain the certified copy of the birth certificate prior to the first day of pupil's possible attendance.

I understand that this affidavit is valid **only for 30 calendar days**, after which a certified copy of the pupil's birth certificate must be produced for continued attendance. If after 30 days, a certified copy has not been received, a meeting must be scheduled with the site administrator or the student may be excluded from school.

I declare under penalty of perjury that the foregoing is true and correct based upon my own personal knowledge.

Signature: _____ Date _____

Print Name: _____

Address: _____
Address City State Zip

Phone #: _____ Cellular #: _____

WITNESS STATEMENT

Subscribed and sworn to before me this _____ day of _____, 20____ at _____ School Site

Signature of Principal/Witness Print Name