AFFIDAVIT OF RELATIONSHIP
FOR HOMESTAY PURPOSES

I, the undersigned, swear that I am a direct blood relative for the below-named person who will be living with me during his/her attendance at Christian Unified Schools of San Diego.

STUDENT INFORMATION

Name in Full:

Date of Birth:

How Related:

RELATIVE INFORMATION *

Name in Full:

Date of Birth:

Present Address:

The affidavit of relationship is made by me for the purpose of assuring Christian Unified Schools of San Diego (CUSSD) that such student is indeed a direct relation.

I swear to the following:

- I am not using this form to circumvent any of the home stay or designated guardian requirements.
- I will assume full 24-hour/7day supervision of the student in my home.
- I will support the mission, vision, and policies of CUSSD.
- The information I am providing is true and honest.

_____	_____	_____
(Signature of Relative)	(Print Relative Name)	(Date)
_____	_____	_____
(Signature of Parent of Student)	(Print Parent of Student Name)	(Date)

*** ATTACH COPIES OF THE FOLLOWING:**

- **LEGAL IDENTITY** (VAILD PASSPORT / DRIVER'S LICENSE)
- **LEGAL RESIDENCE** (UTILITY BILL / PROPERTY TAXES, ETC.)