

CUYAMACA COLLEGE

Affirmation of Direct Care and Control

I certify that I _____ have
Guardian's Name (please print)

had continuous direct care and control of _____
Student's Name (please print)

from _____ to _____ and that the Supplemental
month / day / year month / day / year

Residence Questionnaire on the reverse side of this page reflects my legal residence.

I certify, under penalty of perjury, that the foregoing statement and any other information submitted by me in connection with this form is true, complete and accurate.

X _____
Guardian's Signature

Signed on the _____ day of _____, 20____, at _____ city _____, California.