

*VERIFICATION BY PARENT /LEGAL GUARDIAN
AFFIDAVIT*

I, _____, being first duly sworn,
[PRINT FULL LEGAL NAME]

upon my oath, depose and state that

1. I am the parent/legal guardian of the following child(ren) and as such am authorized to make this verification:

| CHILD 'S FULL LEGAL NAME | | | GENDER | BIRTH DATE |
|--------------------------|--|--|--------|------------|
|--------------------------|--|--|--------|------------|

| | | | | |
|---------|----------|--------|------------------|----------------------|
| [FIRST] | [MIDDLE] | [LAST] | [MALE OR FEMALE] | [MONTH / DAY / YEAR] |
|---------|----------|--------|------------------|----------------------|

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|---------|----|--|--|--|
| [FIRST] | [M | | | |
|---------|----|--|--|--|

State of Arizona)
)
County of Maricopa)

SUBSCRIBED and SWORN TO before me this _____ day of _____, 20____, by _____-hi _____