

AFFIDAVIT: Children in Informal Kinship Care



Office of Shared Accountability
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 334-17
July 2017

Applies to a child who was already a resident of the State of Maryland.
Maryland Code, Education §4-122.1 and Regulations 01-07 under COMAR 13A.08.05.

I (name of relative assuming kinship care) _____, the undersigned, am eighteen (18) years old or older and competent to testify to the facts and matters set forth in this statement.

_____ (Name of child), whose date of birth is ____/____/____, is living with me because of the following serious family hardship.

Check (✓) all that apply and **attach appropriate supporting documentation:**

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Death of parent/legal guardian:
copy of death certificate or other proof | <input type="checkbox"/> Serious illness of parent/legal guardian:
copy of doctor's report, note, or other proof |
| <input type="checkbox"/> Drug addiction of parent/legal guardian:
documentation from treatment provider or parent, or other proof | <input type="checkbox"/> Incarceration of parent/legal guardian:
documentation from legal system, detention center, or other proof |
| <input type="checkbox"/> Abandonment by parent/legal guardian:
notarized statements from all legal guardians, or documentation from court, social services, or other proof | <input type="checkbox"/> Assignment of parent/legal guardian to active military duty:
copy of military orders or other proof |

The name and last known address of the child's parent(s) or legal guardian is:

Name _____

Address _____
Street City State Zip

My kinship relationship to the child is _____

My Address is _____
Street City State Zip

My Phone Numbers are _____-_____-_____, _____-_____-_____

I assumed informal kinship care of this child 24 hours a day and 7 days a week on ____/____/____.

The name and address of the last school that the child attended is:

Name of School _____ Current Grade _____

Address _____
Street City Maryland County State Zip

Montgomery County Public Schools Affidavit Children in Informal Kinship Care

I understand that the local superintendent of schools may verify the facts contained in the foregoing affidavit and conduct an audit, on a case-by-case basis, after the child has been enrolled in the public school or county public school system. If the local superintendent of schools discovers fraud or misrepresentation, the child shall be removed from the rolls of the local public school system.

I understand that a current affidavit and supporting documentation must be filed annually at least two weeks prior to the start of the school year.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify the local school system in writing within 30 days after the change occurs.

I also understand that any person who willfully makes a material misrepresentation in this affidavit shall be subject to a penalty payable to the county for three times the prorated share of tuition for the time the child fraudulently attends a public school in the county.

I solemnly affirm under the penalties of perjury that the contents of the foregoing statement are true to the best of my knowledge, information, and belief.

I agree to make the full range of educational decisions for the child unless the court appoints a guardian for the child; or awards custody of the child to someone other than me.

Printed name of relative assuming informal kinship care

Signature of relative assuming informal kinship care

____/____/____
Date

School Use Only: Completed and signed affidavit and residency documentation received

Name of MCPS Representative Reviewing this Form _____ Title _____

Signature, MCPS Representative _____ Date ____/____/____

MCPS Student ID # _____ MCPS school of enrollment _____