



KINSHIP CAREGIVER'S AFFIDAVIT OF RESIDENCE

This form shall be completed for students living in the Calhoun City School district who do not live in the home of the parents or legal guardian.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters contained in this document. The student identified below is living with me at the following address:

Name of Child: _____ Birthdate: _____

Name of Person Enrolling Student: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

1. I have assumed kinship caregiver status because of one or more of the following circumstances (check at least one):

- _____ A. A parent being unable to provide care due to the death of the other parent.
- _____ B. A serious illness or terminal illness of a parent.
- _____ C. The physical or mental condition of the parent/legal guardian or child is such that he or she cannot provide adequate care and supervision of the student.
- _____ D. The incarceration of a parent.
- _____ E. The loss or inhabitability of the child's home as the result of a natural disaster.
- _____ F. The parent or guardian is unable to provide care and supervision of the student because he or she is active military.
- _____ G. I am unable to locate a parent or parents at this time to notify them of my intended authorization because (list reasons): _____

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

Parent/Guardian Name: _____

Address: _____

Phone and/or Email of Parent: _____

3. I assumed control and charge of this child, which I provide 24 hours per day and 7 days per week, on _____ (day/month/year).

Kinship caregiver's date of birth: _____ Driver's license number or ID: _____

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

5. The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

6. I attest that this request to attend the Calhoun City School District is not related to attendance at a particular school in this district nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

7. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

8. I further attest that I have been given the responsibility for making educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.

9. I further attest that I have been given the responsibility for making medical decisions and consenting to any surgical or medical treatment or procedures.

10. If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I, as the adult with whom the child is living, have made every effort to secure this and they are unable or refused to adhere to this request.

11. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

NOTICE OF PENALTIES AND LIABILITY:

I understand that:

- 1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a). _____
- 2. If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same. _____
- 3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1. _____
- 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2. _____
- 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20. _____
- 6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71. _____
- 7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions. I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief. _____

Initial _____

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

Signature of Kinship Caregiver (adult with whom the child is living): _____

Kinship Caregiver Name (please print): _____

Signature of Parent/Legal Guardian: _____

Please Notarize

Under penalty of law, I certify that the information given above is true and correct.

In the state of _____ county of _____,

I, _____ a Notary Public for said county and state, do hereby certify that _____ (Parent/Guardian) and _____ (Affiant) personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20____,

My commission expires: _____

Notary Public Print Name: _____ Signature: _____