



ENROLLMENT PROCEDURES FOR KINSHIP CARE PROVIDER

Va. Code §22.1-3(4) allows a child to attend school in a Virginia school division, such as Richmond Public Schools, for free “[w]hen the parents of such person are unable to care for the person and the person is living, not solely for school purposes, with another person who resides in the school division and is:… (iii) an adult relative providing temporary kinship care as that term is defined in § 63.2-100.” Va. Code §22.1-3(4)(iii) allows: “Local school divisions may require one or both parents and the relative providing kinship care to submit signed, notarized affidavits (a) explaining why the parents are unable to care for the person, (b) detailing the kinship care arrangement, and (c) agreeing that the kinship care provider or the parent will notify the school within 30 days of when the kinship care arrangement ends, as well as a power of attorney authorizing the adult relative to make educational decisions regarding the person.”

In order for a child who is living in the City of Richmond under a temporary kinship care arrangement as defined in VA Code §63.2-100 to be enrolled in Richmond Public Schools, the parent(s) and relative providing kinship care must submit signed, notarized affidavits (a). explaining why the parent(s) are unable to care for the child(ren), (b). detailing the kinship care arrangement, (c). agreeing the kinship care provider or parent(s) will notify the school within 30 days of when the kinship care arrangement ends. The parent(s) must also provide power of attorney authorizing the adult relative to make educational decisions regarding the child. Lastly, the kinship care arrangement may not be solely for the purpose of school.

Per Va. Code §22.1-3.1(A), a person enrolling student for the first time in any school division in the Commonwealth of Virginia must present a certified birth certificate of the child being enrolled. If the person enrolling the student cannot present a certified copy of the birth certified, the reason that the document cannot be produced must be included in the notarized affidavit presented to Richmond Public Schools.

Any questions regarding the attached form should be directed to the Office of Engagement Family Support Center at 804-780-6288.

Please forward Kinship Care documents to homelessedu@rvaschools.net or deliver the form to your child’s school.

NOTE: The student will not be enrolled without completed and notarized forms.

BLANK PAGE



Kinship Care Affidavit of Parent

Commonwealth of Virginia

City of _____:

I, _____ (Parent Name), after being duly sworn by the undersigned notary public, do solemnly swear or affirm that the following representations are true, accurate, and correct to the best of my information, knowledge and belief:

1. I am over the age of 18 years, of sound mind, and I have first-hand knowledge of this matter for which I am giving this affidavit;
2. I am the natural or adoptive parent of _____

(Name(s) of Child/ren referred to herein as the "Child");

3. Neither I nor the other parent are able to care for the Child;
4. The child is now living with _____ (Relative Name), for reasons unrelated to school purposes under the following arrangement: (check one)
 - a. _____ As the court-appointed legal guardian of the Child (Attach Copy of Court Order)
 - b. _____ The legal custodian of the Child (Attach Copy of Court Order)
 - c. _____ Acting in loco parentis pursuant to a placement for adoption of the Child (Attach Verification from Department of Social Services, Licensed Child-Placement Agency, or other means)
 - d. _____ Providing temporary kinship care for the Child, as described below. "Kinship care" is defined as full-time care, nurturing, and protection of the Child by relatives. _____ is a relative of the Child and is related to the Child as his/her _____.

5. The person identified above lives in Richmond City, Virginia, at the following address:

_____.

If parent, please answer the following:

6. I agree to notify Richmond City Public Schools within 30 days of when the kinship care arrangement ends.
7. I agree to provide the adult relative (identified above) with a power of attorney to make all educational decisions for the Child and to provide a copy of the power of attorney to the school being attended by the Child.
8. My explanation as to why neither I nor the other parent can care for the Child is:

9. The kinship care arrangement for the Child will work as follows:

10. The Child's presence in the Richmond Public School Division is to serve a legitimate purpose that is in the best interest of the Child, and is not for the primary purpose of enrollment in this particular school division or school, participating in extracurricular activities, or any other school related purpose.

11. In the event that this arrangement lasts more than one year, I agree to obtain from the Department of Social Services (DSS) or to authorize Richmond City Public Schools to obtain on my behalf written verification from DSS as to why neither myself nor the other parent are able to care for the Child and that the kinship care arrangement serves a legitimate purpose, other than school enrollment, that is in the best interests of the Child.

SIGNATURE

I, the undersigned Notary Public, do hereby affirm that _____,
personally appeared before me on the _____ day of _____, 20_____, and, after
being duly sworn, signed the above affidavit as his/her free and voluntary act and deed.

My commission expires: _____.

My registration number is: _____.

Notary Public



Kinship Care Affidavit of Relative

Commonwealth of Virginia

City of _____:

I, _____ (Relative Name), after being duly sworn by the undersigned notary public, do solemnly swear or affirm that the following representations are true, accurate, and correct to the best of my information, knowledge and belief:

1. I am over the age of 18 years, of sound mind, and I have first-hand knowledge of this matter for which I am giving this affidavit;
2. I am a relative of _____

(Name(s) of Child/ren referred to herein as the “Child”);
3. Neither parent is able to care for the Child;
4. The Child is now living with me for reasons unrelated to school purposes under the following arrangement: (check one)
 - a. _____ I am the court-appointed legal guardian of the Child (Attach Copy of Court Order)
 - b. _____ I have legal custody of the Child (Attach Copy of Court Order)
 - c. _____ I am acting in loco parentis pursuant to a placement for adoption of the Child (Attach Verification from Department of Social Services, Licensed Child-Placement Agency, or other means)
 - d. _____ I am providing temporary kinship care for the Child, as described below. “Kinship care” is defined as full-time care, nurturing, and protection of the Child by relatives.
5. I live in Richmond City, Virginia, at the following address:

_____.

If providing temporary kinship care for the Child, please answer the following:

6. I agree to notify Richmond City Public Schools within 30 days of when the kinship care arrangement ends.

7. My explanation as to why neither parent can care for the Child is:

8. The kinship care arrangement for the Child will work as follows:

9. The Child's presence in the Richmond City School Division is to serve a legitimate purpose that is in the best interest of the Child, and is not for the primary purpose of enrollment in this particular school division or school, participating in extracurricular activities, or any other school related purpose.

10. If neither parent can be located, I agree to obtain from the Department of Social Services or to authorize Richmond City Public Schools to obtain on my behalf written verification of my address, of the address of the parent(s), and that the kinship care arrangement serves a legitimate purpose, other than school enrollment, that is in the best interests of the Child.

11. In the event that this arrangement lasts more than one year, I agree to obtain from the Department of Social Services (DSS) or to authorize Richmond City Public Schools to obtain on my behalf written verification from DSS as to why the parents are unable to care for the Child and that the kinship care arrangement serves a legitimate purpose, other than school enrollment, that is in the best interests of the Child.

SIGNATURE

I, the undersigned Notary Public, do hereby affirm that _____, personally appeared before me on the _____ day of _____, 20_____, and, after being duly sworn, signed the above affidavit as his/her free and voluntary act and deed.

My commission expires: _____.

My registration number is: _____.

Notary Public



Kinship Care Power of Attorney

Commonwealth of Virginia

City of _____

I, _____, am the natural or adoptive parent of _____
Parent Name Student's Name
(the "Child"), a student enrolling for admission in the Richmond City Public School Division with

_____, _____ at _____,
Name of Adult Relative Relationship to Student Street Address
_____.
City/State/Zip Code

I hereby appoint _____ (Name of Adult Relative Listed Above), as my true and lawful attorney-in-fact to act as my agent in any lawful way with respect to the Child's attendance in the Richmond City School Division, to exercise or perform any act, right, power, duty or obligation that I now have or may later acquire in connection with, arising out of, or relating to the educational development, location, or residence of the Child and to engage in and transact any and all lawful business of whatever nature or kind arising from or relating to the educational development, location, and residence of the Child. I understand that this Power of Attorney includes, but is not limited to, the power to provide and receive information, school records and student records, the power to make decisions regarding the Child's school activities, attendance, and involvement, including without limitation, grades, discipline, extracurricular activities, campus and class assignments, counseling, field trips, transportation, travel, and special education (including classes, programs, testing, evaluation, hearings and any other applicable rights enumerated under federal and state law), and any other rights or powers granted under federal and state law.

This Power of Attorney is to be considered and interpreted as an educational power of attorney for the purposes of giving cause and effect to my appointed attorney-in-fact to manage, direct and serve as the primary caregiver, contact and residence of the Child. The listing of specific acts, items, powers, rights or terms listed herein does not limit or restrict this educational Power of Attorney granted to my attorney-in-fact.

I intend for this Power of Attorney to be effective immediately and for it not to be affected by my subsequent disability or incapacity. This Power of Attorney shall remain effective and durable until such time as I terminate this Power of Attorney, or until the Child is no longer enrolled in the Richmond City School Division, whichever occurs first. My consent for this Power of Attorney is voluntarily given, and I understand that I may revoke this consent at any time by notifying, in writing, the school principal. Any third party who receives a copy of this document may act upon it. This Power of Attorney is not assignable to any other party.

I understand that the Richmond City School Division will rely on this Power of Attorney and will only deal with my appointed attorney-in-fact in regards to all educational decisions regarding the Child.

The Child's presence in the Richmond City School Division is to serve a legitimate purpose that is in the best interest of the Child, and is not for the primary purpose of enrollment in this particular school division, participating in extracurricular activities, or any other school related purpose.

SIGNATURE

I, the undersigned Notary Public, do hereby affirm that _____,
personally appeared before me on the ____ day of _____, 20____, and, after being duly
sworn, signed the above affidavit as his/her free and voluntary act and deed.

My commission expires: _____.

My registration number is: _____.

Notary Public