



VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

Office of Student Leadership
Student Conduct/Services Office
Kinship Care Form 2019-2020

Student Information

Student's Full Name: _____ Date: _____

Date of Birth: _____ Grade: _____ Phone: _____

Names of Natural Parents (list both parents, unless one parent has sole custody): _____

Address: _____

School for Enrollment	Previous School Attended	City / State of Previous School

Does the student have a long-term suspension or expulsion at the previous school? _____

Does the student have any criminal charges? (Please provide a copy of the charges.) _____

Relative Information

Name of adult relative providing kinship care: _____

Address: _____

Relationship to student: _____ Phone: _____

Indicate reason the student is living with you rather than the natural parent: _____

How long has the student resided with you?	
How long will the student be residing with you?	
How many days of the week will the student be residing with you?	
Who is providing medical insurance for the student? (Please provide documentation)	
Who is claiming the student on taxes? (Please provide documentation)	
Is anyone receiving financial assistance for this student? (ie. SNAP, child support)	
If yes, who is receiving the financial assistance?	

Please initial:

- _____ I certify that I care for this student on a full time basis.
- _____ I certify that the information provided above is complete, true and correct to the best of my knowledge. I understand that if the information is found to be incorrect, the student will be withdrawn from Virginia Beach City Public Schools (VBCPS).
- _____ The student is living in the school division, not solely for the purpose of attending school.
- _____ I understand that it is a Class 4 misdemeanor for knowingly making a false statement concerning the residence of a child in a particular school division or school attendance zone.
- _____ I understand that I must notify VBCPS within 30 days of when the kinship care arrangement ends.
- _____ If the student changes schools, as a result of kinship care, I understand that the student is not eligible for Virginia High School League activities.
- _____ I understand that this process must be renewed at the beginning of each school year.
- _____ VA Beach City Public Schools has permission to share this information with the Department of Social Services.

The following documents must be attached to this request:

- An affidavit from the parent detailing the kinship care arrangement and why the parent is unable to care for the child.
- An affidavit from the kinship care provider detailing the kinship care arrangement.
- A copy of the power of attorney authorizing the adult relative to make educational decisions regarding the child.
- Written verification from the department of social services where the parent lives or where the kinship provider lives, that the kinship arrangement serves a legitimate purpose that is in the best interest of the student other than school enrollment.

FOR OFFICE USE ONLY

Office of Student Leadership:

This student is _____ approved _____ disapproved for enrollment with the relative.

Coordinator

Date

Should this decision be disapproved, you may appeal in writing within five (5) calendar days of issuance to: Michael McGee, Director; OSL