

# Kinship Caregiver Affidavit

This form should be completed by the adult with whom the student is residing for students living the Richmond County School District who do not live in the home of their parent or guardian.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

## Section One

My Name (kinship caregiver giving authorization) \_\_\_\_\_  
The student whose legal name is \_\_\_\_\_ and whose birthdate is \_\_\_\_\_  
Is living with me at the following address:  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Section Two

- I am a kinship care as defined by Virginia Code §22.1-3: "the full time care, nurturing and protection of a child by a relative."
- I have assumed kinship caregiver status because of one or more of the following reasons (check at least one)
  - A parent being unable to provide care due to the death of the other parent
  - A serious illness or terminal illness of the parent
  - The physical or mental condition of the parent, or the child, such that proper care and supervision cannot be provided by the parent
  - The incarceration of a parent
  - The loss or un-inhabitability of the child's home as the result of a natural disaster
  - A period of active military duty of a parent exceeding 24 months
  - I am unable to locate a parent or parents at this time to notify them of my intended authorization because (list reason below)  
\_\_\_\_\_
- Check on or both boxes below as appropriate:
  - I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.
  - I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
- Kinship caregiver date of birth \_\_\_\_\_ Kinship caregiver driver's license number \_\_\_\_\_
- Parent(s) or legal guardian(s) name(s):  
\_\_\_\_\_  
\_\_\_\_\_
- Please provide any available contact information for the parent(s) or legal guardian(s) below.  
Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_

## Notice of RCPS Expectations

The division superintendent or his/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 division. The audit may also include a personal visit by a division attendance officer or other employee of the division at the residence provided in this affidavit to certify the facts sworn to in this affidavit. If the division discovers fraud or misrepresentation, the student shall be withdrawn from school and charged with a misdemeanor and charged tuition, as outlined in Virginia Code §22.1-5.

- I attest that this request to attend Richmond County Public Schools is not primarily related to attendance at a particular school, nor is this affidavit being completed for the purpose of participating in athletics, taking advantage or special services or programs offered, or for any other similar purpose.
- 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.
- I understand that if any of the information provided on this affidavit is changed for any reason it is my responsibility to immediately notify RCPS immediately, but not later than thirty days from the time of the change.

Kinship Caregiver Signature

Date