



# VIRGINIA BEACH CITY PUBLIC SCHOOLS CHARTING THE COURSE

## Office of Student Leadership Kinship Care Form 2024-2025

### Student Information

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent 1: \_\_\_\_\_ Address: \_\_\_\_\_

Parent 2: \_\_\_\_\_ 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?  Yes  No

Does the student have any criminal charges? (*attach copy of charges*)  Yes  No

### Information for Relative Proving Kinship Care

Relative's Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How long has the student resided with you? \_\_\_\_\_

How long do you anticipate the student will be residing with you? \_\_\_\_\_

### Kinship Provider Acknowledgement:

- I will be caring for the student on a fulltime basis.
- The student is living with me not solely for the purpose of attending school.
- If the student changes schools due to kinship care, the student is not eligible for Virginia High School League (VHSL) activities.
- I must renew this kinship care at the start of each school year and notify VBCPS within 30 days of the kinship care ending.
- VBCPS has permission to share this information with the Department of Social Services.

***I certify that I have read and agree to the above bulleted items. I verify that the information I have provided is complete, true and correct to the best of my knowledge and I understand that if the information provided is found to be incorrect, the student will be withdrawn from Virginia Beach City Public Schools (VBCPS). 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 zone.***

Kinship Care Relative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### The following documents must be attached to this request:

- A copy of the power of attorney authorizing the adult relative to make educational decisions regarding the child.
- Affidavits/notarized statements from:
  - the parent detailing the kinship care arrangement and why the parent is unable to care for the child.
  - the kinship care provider detailing the kinship care arrangement.
- Documentation from the Department of Social Services verifying that the kinship arrangement serves a legitimate purpose in the best interest of the student other than school enrollment.
  - If the Department of Social Services where the parent or kinship provider lives has an active case regarding this kinship arrangement, attach written documentation from that office.
  - If not, VBCPS will facilitate obtaining documentation from the Virginia Beach Department of Social Services.

### For Office of Student Leadership Only

Should this decision be disapproved, you may appeal in writing within five (5) days of issuance to:

Mrs. Leane Turnbull, Director; Office of Student Leadership,  
641 Carriage Hill Rd, Suite 200, Virginia Beach, VA 23452; 757-263-2020

Approved  Disapproved

\_\_\_\_\_  
Signature of Coordinator

\_\_\_\_\_  
Date