



KINSHIP CAREGIVER AFFIDAVIT

Use of this form is authorized by O.C.G.A. § 20-1-16. This form should be completed by the adult with whom the student is residing. This form shall be completed for students living in the Appling County School District (District) who do not live in the home of their parents or guardian.

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

My Name (kinship caregiver giving authorization): _____

The student whose legal name is _____ and whose birth date is _____ is living with me at the following address:

Address: _____

City: _____ State: _____ Zip: _____

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

- 1. I am a kinship caregiver as defined by O.C.G.A. § 20-1-16.
2. I have assumed kinship caregiver status because of one or more of the following circumstances (check at least one):
3. Name(s) of the child's parent(s) or legal guardian(s):
4. Address of the child's parent(s) or legal guardian(s):
5. Phone number(s) and email address(es) of parent(s) or legal guardian(s):
6. Kinship caregiver's date of birth:
7. Kinship caregiver's State of Georgia driver's license number or ID card number:

NOTICE OF DISTRICT EXPECTATIONS:

The School District's 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 District. The audit may also include a personal visit by a 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 If the District discovers fraud or misrepresentation, student shall be withdrawn from school.

- 1. I attest that this request to attend the Appling County School District is not primarily related to attendance at a particular school in the Appling County School 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.
2. 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.
3. 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 Appling County School District.

NOTICE OF PENALTIES AND LIABILITY:

I understand that:

1. If I falsify information or defraud the Appling County School District on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled, and shall remunerate the District as set forth in O.C.G.A. § 20-2-133 (a). _____
(initial)
2. If the costs incurred by the District 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 the same. _____
(initial)
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. _____
(initial)
4. 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, or of false swearing pursuant to O.C.G.A. § 16-10-71. _____
(initial)
5. 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. _____
(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.

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

Signature of kinship caregiver with whom the child is living

Kinship caregiver's printed name

PLEASE NOTARIZE

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public (SEAL)

My commission expires: _____

NOTICES UNDER O.C.G.A. § 20-1-16:

- This declaration does not affect the rights of the named child's parent or legal guardian regarding the care, custody, and control of the child and does not mean that the kinship caregiver has legal custody of the child.
- A person that relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION:

TO KINSHIP CAREGIVERS:

- If the child stops living with you for a period of more than 30 days, you are required to provide notice not later than 30 days after such period to anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
- If you do not have the information in item 11 of the affidavit (State of Georgia driver's license or identification card), you must provide another form of identification such as your social security number.

TO SCHOOL OFFICIALS:

- The school system may require additional reasonable evidence that the kinship caregiver resides at the address provided in item 4 of the affidavit.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- No person that acts in good faith reliance upon a kinship caregiver's affidavit to render educational services or medical services directly related to academic enrollment or any curricular or extracurricular activities, without actual knowledge of facts contrary to those stated in the affidavit, shall be subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- This affidavit does not confer dependency for health care coverage purposes.