



CAREGIVER AFFIDAVIT

This Affidavit shall be completed for students living in the DeKalb County School District, but who are residing with a person who is not the parent or legal guardian. This Affidavit shall be completed by the adult with whom the student is living.

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.

The school system's Superintendent, or his or her Designee, may verify the facts contained in this Affidavit, may request additional information and conduct an audit on a case-by-case basis after the child has been enrolled in DeKalb County School District.

This Affidavit is valid until the end of the school year in which it is executed.

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

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

Name of Caregiver: _____ Relation to child: _____

Date of Birth of Caregiver: _____ State & Driver's License/ID #: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

1. Reason(s) the student is living with the above named adult (**check all that apply**).
 - a. I am the Kinship Caregiver
 - b. Death of a parent or legal guardian.
 - c. Serious illness of a parent or legal guardian.
 - d. Incarceration of a parent or legal guardian.
 - e. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
 - f. The loss or inhabitability of the student's home as the result of a natural disaster.
 - g. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military in excess of 24 months.
 - h. Other circumstances as approved by the school system (explain below).

District explanation:

2. Name(s) of the child's parent(s) or legal guardian:

3. Address or last known address of parent(s) or legal guardian:

4. Phone number and email address of parent(s) or legal guardian:

5. I assumed control and charge of this child, which I provide 24 hours per day and seven days per week, on

_____,
Month/Date/Year

6. The name and address of the last school that the child attended:

7. I attest that this request to enroll in DeKalb County School District is not primarily related to attendance at a particular school in DeKalb County, 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.

8. 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.

9. I am unable to locate a parent or parents at this time to notify them of my intended authorization because (list reasons) _____

10. 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 school system.

Signature of Affiant (adult with whom the child is living)

Signature of Parent/Legal Guardian (if available)

NOTICE OF PENALTIES AND LIABILITY

I understand that:

- 1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133(a).
- 2. If the costs incurred by the local school system 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 same.
- 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.
- 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.
- 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 or by imprisonment for not less 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.
- 6. I may be prosecuted, held criminally liable and punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.

By signing on the line provided below, I _____ affirm that I have read and understand each of these provisions listed above. 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.

I recognize that if I knowingly and willfully make a false statement in this statement of facts, I will be guilty of a crime and false swearing.

Signature of Affiant (adult with whom the child is living)

Signature of Parent/Legal Guardian (if available)

State of Georgia, County of DeKalb

I, _____, a Notary Public for said county and state, do hereby certify that _____ personally appeared before me this day and acknowledged the due executing of this foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

My commission expires _____, _____

Signature of Notary Public

Notary Seal