

# RELATIVE CAREGIVERS' SCHOOL AUTHORIZATION AFFIDAVIT

This Affidavit is to be completed when a child is registered for school by a relative caregiver who is raising the child without custody or guardianship.

- A "relative" is an adult who, by blood, marriage or adoption, is the child's great grandparent, step grandparent, great aunt, aunt, step aunt, great uncle, uncle, step uncle, step parent, brother, sister, step brother, step sister, half brother, half sister, niece, nephew, first cousin once removed, but who does not have legal custody or legal guardianship of the child.
- A "relative caregiver" is an adult raising a child who is living with and related to the caregiver through relationships listed above.
- This Caregivers' School Authorization affidavit is not intended for the school registration of homeless children. Homeless children are to be admitted to school according to Title VII of the McKinney Homeless Education Improvements act of 1999.

Please Contact the District Office in your local school district for assistance with completing this affidavit

In accordance with Delaware Law on Education (14 Del.C. §202 (a) ), I swear or affirm that :

1. I, \_\_\_\_\_ reside at: \_\_\_\_\_  
(Name of Relative Caregiver) (Address)

in the \_\_\_\_\_ School District.

Contact Information:

Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_

2. I am eighteen (18) years of age or older.

3. \_\_\_\_\_ , \_\_\_\_\_ resides with me at this address as a result of:  
(Name of Child) (Date of Birth)

- A. \_\_\_\_\_ the parent is dead, the parent is so sick he/she cannot care for the child, the parent is in jail, or the parent is on military assignment
- B. \_\_\_\_\_ the parent fails or is unable to provide adequate financial support or parental care or guidance;
- C. \_\_\_\_\_ the parent or others in his/her residence have allegedly abused or neglected the child;
- D. \_\_\_\_\_ the parent has a physical or mental condition which prevents adequate care and supervision of the child;
- E. \_\_\_\_\_ the student's home is uninhabitable due to loss, damage, or disrepair;
- F. \_\_\_\_\_ the parents cannot be located;
- G. \_\_\_\_\_ other circumstances as approved by the school district:

District Explanation: \_\_\_\_\_

4. By my signature on this Affidavit, I swear or affirm that the student's claim of residency with me as caregiver is **not** for the purpose of: 1) attending a particular school; 2) circumventing of avoiding the Choice program's decisions; 3) participating in athletics at a particular school; 4) taking advantage of special services or programs offered at a particular school or for any other similar purpose.

5. By my signature on this affidavit, I swear or affirm that the student is **not** currently subject to expulsion from school, or suspended from school for conduct that could lead to expulsion.

6. By signing this Affidavit, I agree to be responsible for:
- A. enrolling the student in school;
  - B. being the legal contact for the school regarding, but not limited to, truancy and discipline;
  - C. making school-based decisions, regarding, but not limited to special education; and
  - D. giving medical approval for health care administered by the school.

7. Name of the child's mother, father, legal custodian, or guardian: \_\_\_\_\_

8. If this child is under the care of a custodian or guardian, attach a copy of the portion of the custody order indicating to whom custody or guardianship is granted if available.

9. **If the parent(s), custodian, or guardian is available** to sign this affidavit indicating their approval for a relative caregiver to take educational responsibility for their child who is living with that caregiver, this section must be completed and signed.

I, (print your name) \_\_\_\_\_, am the

parent(s)  custodian  guardian of (Check the appropriate box)

(Print child's name) \_\_\_\_\_, a minor who is living with this caregiver and is related to me by blood, adoption, or marriage, give permission for (print caregiver's name) \_\_\_\_\_, to stand in my place regarding educational responsibility for this child.

\_\_\_\_\_  
Signature of Parent(s), Custodian, or Guardian

\_\_\_\_\_  
Date

10. **Because the parent(s), custodian, or guardian cannot be located**, you must complete Section A below as one of the proofs of your efforts to reach the parent(s), custodian, or guardian. In addition, you must also choose one of the Options—B,C,D, or E. It is required that you complete the described action and write the information your option requests.

**Required Section A:**

A. I have sent a certified letter/notice to the parents, guardian, or custodian at their last known address. This letter/notice informed the parent(s), custodial, or guardian for this child that I intend to act as a caretaker and take educational responsibility for the child. That letter/notice is attached along with the certified mail receipt reporting the letter was not deliverable because the parent(s), custodian, or guardian of the child was not at this location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**And one of the following options:**

B. I or a person acting in my behalf, (name) \_\_\_\_\_ visited the last known address of the parent(s), custodian, or guardian. *Describe what was found at that visit. Include the name of the person spoken to; what that person's relationship with the parent(s), custodian, or guardian is; what the contact person said; and any other related information that clarifies the situation.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

C. I or a person acting in my behalf, (name) \_\_\_\_\_ attempted to determine the location of the parent(s), custodian, or guardian by contacting their place(s) of employment, healthcare provider(s) or friends. *Describe the results of your inquiry. Include the name(s) of the employers, healthcare providers, or friends. Tell what was their response to the request for the location of the parent(s), custodian, or guardian.*

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**OR**

D. I placed a notice in the *News Journal* and the *Delaware State News* informing the parent(s), custodian, or guardian of (child's name) \_\_\_\_\_ that I intended to take educational responsibility of the child. *Eight days after the publication describe what happened. Include the response you received or the lack of response. Attach a copy of the legal notice, being sure to include the portion of the newspaper with the date the notice was printed.*

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**OR**

E. Other documents or confirmations that show the parent(s), custodian, or guardian cannot be found.

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11. I am \_\_\_\_\_ to the child for whom this Affidavit is being submitted.  
(Relationship – see instructions for the acceptable list of relatives)

12. I can prove my relationship to this child and also that I am the caregiver to this child by providing one of the proofs listed below from each column.

- **There must be two different forms of documentation, one from each column.**
- **One must show proof of relationship and the other proof of caregiving.**

These documents, or other similar documents as approved by the school district, must be presented for registration. **Check** which document you will use from each column.

 **Proof of Relationship**

 **Proof of Caregiving**

	Birth Certificate of caregiver, the adult child, and birth certificate of the child		
	Medical records where a caregiver is required to give approval, such as shots. Such records must show the relationship between the caregiver and the child.		Medical records where a caregiver's authorization to give approval for services such as shots is acceptable
	A Will which lists the child and the relationship between the caregiver and child.		
	Insurance for the caregiver or child which includes the relationship between the caregiver and the child.		
	A letter from a social worker, lawyer, religious leader, previous school district, licensed medical, mental health, or behavioral professional that verifies the relationship of the child to the caregiver.		A letter from a social worker, lawyer, religious leader, licensed medical, mental health, or behavioral professional, or neighbor confirming the child is being cared for by the caregiver.
	The National School Lunch Program application		
	Child is listed as an occupant in an apartment or other housing and his/her relationship to the caregiver is included.		Child is listed as an occupant in an apartment or other housing and his/her relationship to the caregiver is included.
	Caregiver received Child-only Temporary Assistance for Needy Families (TANF) grant for this child.		Caregiver receives Child-only Temporary Assistance for Needy Families (TANF) grant for this child.
	Child claimed on Federal Income Tax return.		Child claimed on Federal Income Tax return.
	Caregiver receives Earned Income Tax Credit for the child.		Caregiver receives Earned Income Tax Credit for the child.
			Child's Social Security survivor death benefits are received by the caregiver for the child
	Hospital, Clinic, Public Health, or Medicaid, or SNAP (Food Stamp) records showing the relationship between the caregiver and the child.		Hospital, Clinic, Public Health, or Medicaid records where a caregiver's authorization to give approval for services such as shots is acceptable.
	Division of Services for Children, Youth and their Families' records specifying the relationship between the caregiver and the child.		Division of Services for Children, Youth and their Families" records showing that the caregiver is the contact for the child.
	Military or Veterans records which specify relationship		
	Or other documents as approved by the school district.		Or other documents as approved by the school district.

13. To be completed by the relative caregiver:

By submitting this Relative Caregivers' School Authorization Affidavit, I understand that if I am making false statements I am subject to a minimum civil penalty of \$1,000 and maximum of the average annual per student education cost. I may be required to reimburse the school district tuition costs. I may also be subject to criminal prosecution.

I, (print your name) \_\_\_\_\_, do declare, certify and state under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

This, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(date) (month) (year)

\_\_\_\_\_  
Signature of Relative Caregiver

(To be signed in the Presence of a Notary Public)

14. To be completed by the Notary Public:

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me, \_\_\_\_\_, known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the forgoing instrument are true.

\_\_\_\_\_  
(Printed Name of Notary Public)

\_\_\_\_\_  
Notary Public (Signature)

My commission expires \_\_\_\_\_  
(Date)

**FOR DISTRICT USE ONLY**

Approved on: \_\_\_\_\_ by \_\_\_\_\_  
(date) (position)

This Affidavit is in effect from \_\_\_\_\_ and expires \_\_\_\_\_  
(date) (date)

If Disapproved, reason: \_\_\_\_\_

District Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Appeal to State Board Yes \_\_\_\_\_ No \_\_\_\_\_

Result: \_\_\_\_\_