



Serving Learners, Families, and the Community

CECIL COUNTY PUBLIC SCHOOLS

DEPARTMENT OF STUDENT SERVICES

GEORGE WASHINGTON CARVER EDUCATION LEADERSHIP CENTER
201 BOOTH STREET • ELKTON, MD 21921

phone: 410.996.5490 • fax: 410.996.1062 • www.ccps.org

Jeffrey A. Lawson, Ed.D.
Superintendent of Schools

William H. Malesh
President, Board of Education

INFORMAL KINSHIP CARE AFFIDAVIT

Student's Name:	
School:	
Grade:	
School Year:	

This affidavit and supporting documentation is required in order for a child residing in Maryland who is in an informal kinship care relationship to be enrolled in a Cecil County Public School. If the child remains in informal kinship care, you must file a new affidavit annually, at least two weeks prior to the start of the school year.

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

_____ whose date of birth is _____, is living
(Name of Child) (Month/Day/Year)

with me 24 hours a day, 7 days a week, because of the serious family hardship checked below.

Check each that is applicable and attach written documentation of the hardship(s).

- Death of father/mother/legal guardian (attach copy of death certificate(s) or other proof)
- Serious illness of father/mother/legal guardian (attach copy of doctor's report noting seriousness of the health issue)
- Drug addiction of father/mother/legal guardian (attach documentation from treatment provider or parent)
- Incarceration of father/mother/legal guardian (attach documentation from legal system or detention center)
- Abandonment by father/mother/legal guardian (attach statements from relative providing kinship care, a recommendation from a professional who works with the family, or a statement from the parent/legal guardian)
- Assignment of father/mother/legal guardian to active military duty (attach copy of military orders)

The names of the child's parents or legal guardians are:

The last known addresses of the child's parents or legal guardians are:

County _____

Name of relative assuming kinship care:

My kinship relation to the child is:

My address is:

(Street, Apt. #) (City, State, Zip Code)

My phone number is: _____

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on: _____

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

(Name of School)

(Street, Apt. #) (City, State, Zip Code)

I understand that the local superintendent of schools may verify the facts contained in the foregoing affidavit and conduct an audit, on a case-by case basis, after the child has been enrolled in the Cecil County Public Schools. If county superintendent discovers fraud or misrepresentation the child shall be removed from the rolls of the Cecil County Public Schools.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify Cecil County Public Schools in writing within 30 days after the change occurs.

I also understand that any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to the county for three times the pro rata share of tuition for the time the child fraudulently attended the Cecil County Public Schools.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

Printed name of relative assuming Informal Kinship Care

Signature of relative assuming Informal Kinship Care

Date (month/day/year)

For Cecil County Public Schools Use Only

_____ Approved _____ Not Approved
_____ In-County Family _____ Out-of-County Family _____ County

Pupil Personnel Signature: _____ Date: _____