



## Children in Informal Kinship Care Affidavit

### RETURN TO THE REQUESTED SCHOOL

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein. **The parent(s)/legal guardian is a Maryland resident.**

\_\_\_\_\_ (Name of child), whose date of birth is \_\_\_\_\_, is living with me because of the following serious family hardship (Check each that is applicable):

- \_\_\_\_\_ Death of father/mother/legal guardian
- \_\_\_\_\_ Serious illness of father/mother/legal guardian
- \_\_\_\_\_ Drug addiction of father/mother/legal guardian
- \_\_\_\_\_ Incarceration of father/mother/legal guardian
- \_\_\_\_\_ Abandonment by father/mother/legal guardian
- \_\_\_\_\_ Assignment of a parent or legal guardian of a child to active military duty

The name and last known address of the child’s parent(s) or legal guardian is:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

Apt. Number

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

My relationship to the child is: \_\_\_\_\_

My name and address is:

\_\_\_\_\_

Street

\_\_\_\_\_

Apt. Number

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Phone Number

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

\_\_\_\_\_ (month/day/year).

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

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street

\_\_\_\_\_  
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 county public school system. If county superintendent discovers fraud or misrepresentation, the child shall be removed from the rolls of the local public school system.

I understand I shall file an affidavit annually at least 2 weeks prior to the beginning of the school year for each year the child continues to live with the relative because of a serious family hardship.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify the local education agency 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/City for three times the pro rata share of tuition for the time the child fraudulently attended a public school in the county/City.

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)

**RETURN TO THE REQUESTED SCHOOL**

(MSDE.IKC.5.21)

For questions call: Student Support and Strategic Planning Branch, (410) 767-0295.