

**DICKENSON COUNTY PUBLIC SCHOOLS**  
Kinship Care School Admission Affidavit

A person of school age is deemed to reside in the school division when the parents of such person are unable to care for the person and the person is living, not solely for school purposes, with another person who resides in the school division and is an adult relative providing temporary kinship care as that term is defined in Va. Code § 63.2-100. "Kinship care" means the full-time care, nurturing, and protection of children by relatives. **Both parents and the relative providing kinship care must submit signed, notarized affidavits.**

This affidavit and supporting documentation is required in order for a child residing in Dickenson County who is in a kinship care relationship to be enrolled in a Dickenson County Public School.

1. I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.
2. \_\_\_\_\_ whose date of birth is \_\_\_\_\_, is living with  
(Full Name of Child) (Month/Day/Year)  
\_\_\_\_\_ because the parents are unable to care for the child for the following  
(Full Name of Relative)  
reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. The names of the child's parents or legal guardians are: \_\_\_\_\_
4. The address(es) of the child's parents or legal guardians is (are):  
\_\_\_\_\_  
\_\_\_\_\_
5. The name of the relative assuming kinship care is: \_\_\_\_\_
6. The relative's kinship relation to the child is: \_\_\_\_\_
7. The relative's address is: \_\_\_\_\_  
\_\_\_\_\_
8. The relative's phone number is: \_\_\_\_\_
9. The relative assumed kinship care of this child for 24 hours a day and 7 days a week on: \_\_\_\_\_  
(Month/Day/Year)
10. The name, address and phone number of the last school that the child attended is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please list any other details of the kinship care arrangement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. I understand that if the kinship care relationship ends, I am required to notify Dickenson County Public Schools in writing within 30 days after the change occurs.
13. I understand the parent must also provide a power of attorney authorizing the relative to make educational decisions regarding the child before the child will be allowed to enroll.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public Signature