



# Affidavit of Children in Informal Kinship Care

Student Services

Frederick County Public Schools  
191 South East Street  
Frederick, Maryland 21701

[Reg. 400-81](#)  
Form #400-81F1E  
June 2023

Clear Form

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

\_\_\_\_\_ whose date of birth is \_\_\_\_\_ Is living with  
(name of child) (month/day/year)

\_\_\_\_\_ 24 hours a day, 7 days a week, because of a serious  
(name) family hardship.

The list below includes situations that qualify as hardships and approval for Kinship Care requests. Please check all that are applicable to the child's current situation. Written documentation of hardship is required within 30 days after submitting affidavit for Kinship Care. Student(s) may attend school while hardship documentation is being prepared to submit to school. Please include the telephone number and address of any authority that is legally authorized to reveal information to support your request.

- Death of father/mother/legal guardian (**attach a copy of death certificate(s) or other proof**)
- Serious illness of father/mother/legal guardian (**attach verification by physician/hospital for illness**)
- Drug addiction of father /mother legal guardian (**attach verification by treatment provider for drug addiction**)
- Incarceration of father/mother/legal guardian (**attach verification by legal system or detention center for incarceration**)
- Abandonment by father/mother/legal guardian (**notarized statements from legal guardians or verification from court or social services for abandonment**)
- Assignment of parent or legal guardian of a child to active military duty (**Military orders for assignment to military duty**)

Frederick County Public School where child will enroll:

Grade: \_\_\_\_\_

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

My name is: \_\_\_\_\_

My address is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My telephone number is: \_\_\_\_\_

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on  
\_\_\_\_\_ because of a serious family hardship.  
(month/day/year)

**PLEASE COMPLETE THE REVERSE SIDE**

**FREDERICK COUNTY PUBLIC SCHOOLS  
AFFIDAVIT OF CHILDREN IN INFORMAL KINSHIP CARE**

Parent/Guardian Name and last known address:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

Name and address of the child's last school attended:

\_\_\_\_\_  
*School Name*

\_\_\_\_\_  
*School Address* *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 a Frederick County public school. If the local Superintendent discovers fraud or misrepresentation, the child shall be removed from the Frederick County public school.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify Frederick County Public Schools (FCPS) 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 FCPS for three times the pro rata share of tuition for the time the child fraudulently attended a Frederick County public school.

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 kinship care

\_\_\_\_\_  
Signature of relative assuming kinship care

\_\_\_\_\_  
Date

**RETURN TO:  
The Department of Student Services, Central Office 4<sup>th</sup> flr.191 S. East St. Frederick, MD 21702**