

<b>FREDERICK COUNTY PUBLIC SCHOOLS</b>		<b>Reg. No. 400-81</b>
<b>Subject:</b>	<b>KINSHIP CARE – ENROLLMENT PROCEDURES</b>	<b>Issued: 5/10/06</b>
<b>Preparing Office:</b>	<b>Office of the Superintendent</b>	<b>Amended: 10/30/17</b>

- I. Policy
- II. Procedures
  - A. Definitions
    1. “Informal kinship care” means a living arrangement in which a relative of a child, who is not in the care, custody, or guardianship of the local Department of Social Services, provides for the care and custody of the child due to a serious family hardship.
    2. “Serious family hardship” means:
      - a. Death of a parent or legal guardian of the child;
      - b. Serious illness of a parent or legal guardian of the child;
      - c. Drug addiction of a parent or legal guardian of the child;
      - d. Incarceration of a parent or legal guardian of the child;
      - e. Abandonment by a parent or legal guardian of the child; or
      - f. Assignment of a parent or legal guardian of a child to active military duty.
    3. “Relative” means an adult related to the child by blood, marriage or adoption within the fifth degree of consanguinity.
    4. “Consanguinity” means blood relationship.
  - B. General Provisions
    1. The Superintendent shall allow a child who is a Maryland resident to attend a Frederick County public school if:
      - a. The relative providing informal kinship care to the child lives in the county; and
      - b. The relative verifies the informal kinship care relationship through a sworn affidavit.
    2. After allowing a child to enroll, the Superintendent or designee may require that the affidavit be accompanied by supporting documentation of one or

more serious family hardships, which includes, but is not limited to:

- a. Death certificate for death, or other proof at the discretion of the Director of Student Services;
- b. Verification by physician or hospital for serious illness; copy of a doctor's report or note; or other proof at the discretion of the Director of Student Services;
- c. Verification by treatment provider for drug addiction; documentation from a treatment provider or parent; or other proof at the discretion of the Director of Student Services;
- d. Verification by legal system or detention center for incarceration; documentation from a legal system or detention center; or other proof at the discretion of the Director of Student Services;
- e. Notarized statements from all legal guardians or documentation from court or social services; or other proof at the discretion of the Director of Student Services; and
- f. Military orders for assignment to military duty.

Whenever possible, the telephone number and address shall be provided for any authority that is legally authorized to reveal information which can verify the assertions in the affidavit.

- 3. If the supporting documentation is required, the documentation shall be consistent with local, state, and federal privacy and confidentiality policies and statutes.
- 4. If a change occurs in the child's care or in the serious family hardship, the relative providing informal kinship care for the child is responsible for notifying Frederick County Public Schools (FCPS) in writing within 30 days after the change occurs.
- 5. The relative providing informal kinship care shall make the full range of educational decisions for the child unless the court:
  - a. Appoints a guardian for the child; or
  - b. Awards custody of the child to someone other than the relative providing informal kinship care.

C. Penalties

- 1. If fraud or misrepresentation is discovered during an audit, the Superintendent

shall remove the child from the Frederick County public school.

2. Any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to FCPS for three times the prorated share of tuition for the time the child fraudulently attends a Frederick County public school.

Approved:

*Original signed by*

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Theresa R. Alban  
Superintendent

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

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

\_\_\_\_\_ (name of child), whose date of birth is \_\_\_\_\_,  
is living with me because of the following serious family hardship (check all that apply):

- 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 parent or legal guardian of a child to active military duty

**PLEASE SUBMIT THE FOLLOWING SUPPORTING DOCUMENTS WITHIN 30 DAYS AFTER ENROLLMENT:**

- Death certificate for death, or other proof at the discretion of the Director of Student Services.
- Verification by physician or hospital for serious illness; copy of a doctor's report or note; or other proof at the discretion of the Director of Student Services.
- Verification by treatment provider for drug addiction; documentation from a treatment provider or parent; or other proof at the discretion of the Director of Student Services.
- Verification by legal system or detention center for incarceration; documentation from a legal system or detention center; or other proof at the discretion of the Director of Student Services.
- Notarized statements from all legal guardians or documentation from court or social services; or other proof at the discretion of the Director of Student Services.
- Military orders for assignment to military duty.
- If available, the telephone number and address of any authority that is legally authorized to reveal information which can verify the assertions in the affidavit.

**Name of Frederick County public school where this child will enroll:** \_\_\_\_\_

My relationship to the 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  
\_\_\_\_\_ (month/day/year)

**PLEASE COMPLETE THE REVERSE SIDE**

PAGE 2

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

Name and last known address of the child's parent(s) or legal guardian(s):

\_\_\_\_\_

Name

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Name and address of the last school that the child attended:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**RETURN TO:  
THE DEPT. OF STUDENT SERVICES, FCPS, 191 South East Street, Frederick, MD 21701**