

SWORN STATEMENT BY RESIDENT CARETAKER

The purpose of this document is to facilitate the temporary enrollment of students who are living with non-parent relatives or caretakers for reasons other than attending school. This is a legal document. You may consult with an attorney if you have any questions or do not understand any portion of this document.

IMPORTANT: Any person who knowingly makes a false statement concerning a child's residency for the purposes of school enrollment or avoiding tuition charges may be guilty of a Class 4 misdemeanor and may be required to pay tuition for the time the student was enrolled in the school division. See Va. Code §22.1 – 264.1.

1. Your Name _____
Home Address _____
Home Telephone Number _____ Work Number _____
2. Child's Full Name _____
Birth Date _____ Grade _____
Name and Address of Last School Attended _____

Date child began / will begin to reside in your home _____
3. Do you live in the school district and does the child live with you? Yes _____ No _____
4. Is the child living with you for purposes other than attending school? Yes _____ No _____
5. Will you assume all personal obligations related to school requirements for this child, which may include providing for required immunizations and enrollment documents, attending parent-teacher conferences, and attending meetings/hearings concerning discipline? Yes _____ No _____
6. Do you intend to keep and support the child continuously and not merely through the school term?
Yes _____ No _____

Through my notarized signature, I certify that the information provided in this document is the truth to the best of my knowledge. I understand that a signed "Special Power of Attorney" from the biological or adoptive parent may be needed in order for the child to maintain enrollment in the Albemarle County Public Schools.

Signature of Resident Caretaker

COMMONWEALTH OF VIRGINIA
CITY/COUNTY OF _____

I affirm that on this _____ date of _____, 20____, _____
signed the foregoing Sworn Statement by Resident Caretaker in my presence.
My commission expires: ____/____/____ Registration No.: _____

Notary Public