

Prince William County Public Schools
Kinship Care Information Form

As of July 1, 2013, the definition of “persons to whom education shall be free” includes the following:

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 (i) the court-appointed guardian, or has legal custody, of the person (ii) acting in loco parentis pursuant to placement of the person for adoption by a person or entity authorized to do so under § 63.2-1200; or (iii) an adult relative providing temporary kinship care as that term is defined in § 63.2-100.

Kinship Care Definition: The full-time care, nurturing, and protection of children by relatives.

To be Completed by Relative Enrolling Student:

Student Name:	Name of Relative Enrolling Student:
	Relationship to Student (must be a relative):
Requested School:	Address of Relative Enrolling Student:
<p>Please attach the following:</p> <ol style="list-style-type: none">1. A Notarized Affidavit, signed by one or both parents and the relative pursuing enrollment, detailing the following:<ol style="list-style-type: none">a. Explanation as to why the parents are unable to care for the student.b. Details about the kinship arrangement (projected length of stay etc.).c. Provide statement which acknowledges that the parent will notify the school within 30 days of when the kinship care arrangement ends.2. Power of Attorney authorizing the adult relative to make educational decision regarding the student. <p>Additionally, staff from the Student Services Department may require the parent or adult relative to obtain written verification from the Department of Social Services where the parent(s) live, or from both that department and the Department of Social Services where the kinship provider lives, that the kinship arrangement serves a legitimate purpose that is in the best interest of the person other than school enrollment.</p> <p>Under § 22.1-264.1 of the Virginia Code, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor. My signature below indicates my understanding of this statement.</p>	
Signature of Relative Enrolling Student:	Date:

To be completed by school staff:

Kinship Care documents submitted and deemed appropriate? Yes _____ No _____	
If no, please contact the Student Services Department at 703-791-7258 or 703-791-7265 for further consultation.	
Principal/Designee Signature:	Date:

Maintain a copy of this form in the Student Educational Record.