

24 PS 13-1302 Affidavit By Non-Parent Caregiver For School Enrollment

INSTRUCTIONS: Please complete the following statement. If the child is living or will be living in a household with two resident adults who will assume responsibility for the child BOTH residents must complete and sign this affidavit.

1. Your Name(s) _____ / _____ resides at:
(Guardian) (Relationship)

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

2. Child's Full Name _____ Date of Birth _____

Grade _____

Name & Address of Last School Attended _____

3. The child began to reside in my home on ___/___/___ and will reside in my home until ___/___/___

Landlord's Verification: please fill in only if guardian rents their residence.

Landlord's Name _____

Home # _____ Cell # _____

Leasee's Name _____

Home # _____ Cell # _____

Landlord's Signature: _____ Date: _____

4. Do you intend to keep and support the child continuously and not merely through the school term?

YES _____ NO _____

During summer vacations, the child will reside with (NAME(s)) _____

5. Are you supporting this child gratis (without personal compensation or gain)?

YES _____ NO _____

6. Who will claim this child as a dependent for state/federal purposes?

NAME(S) _____

7. All personal obligations related to school requirements for this child that may include providing for: required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent/teacher conferences, attending meetings/hearings concerning discipline and fulfilling any special education requirements, and obligations for making all educational decisions will be the responsibility of:

NAME(S) _____ RELATIONSHIP _____

8. Is there currently a support order for the child that has been entered by a court or other party?

YES _____ NO _____ If Yes, to whom are the payments made? _____

9. The following individual(s) currently contribute to the child's support:

NAME	RELATIONSHIP	TYPE OF SUPPORT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Through my notarized signature, I grant the school district permission to investigate the information that I/we have presented in this affidavit for confirmation and factual accuracy. I/we verify that all information presented and contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand that any false statements herein are made subject to the penalties 18 PA. C.S. § 4904, relating to unsworn falsification to authorities.

The district may investigate the truth of affidavits submitted under 1302 of the School Code. It is therefore requested that you not sign the affidavit unless you are certain that the facts set forth in this document are completely true and correct. You should be aware that if the Affidavit you are about to make is not true and correct; you could be subject to criminal penalty for false swearing. False Swearing is a misdemeanor of the Third Degree In Pennsylvania, punishable by a fine of up to \$2,500.00, imprisonment for one year, or both. Additionally, you must subject yourself to a civil action for damages if it is later shown that the above child is not properly entitled to free school privileges.

(Printed Name of Non-Parent Caregiver)

(Signature of Non-Parent Caregiver)

(Printed Name of Parent/ Legal Guardian)

(Signature of Parent/Legal Guardian)

Commonwealth of Pennsylvania: County of Lehigh On this ____ day of _____
20____, before me, a Notary Public, personally appeared
_____ and _____ known to

(Non-Parent Caregiver)

(Parent/Legal Guardian)

me (or satisfactorily proven to be) the person(s) whose name(s) is/are subscribed to the within
affidavit and acknowledge that he/she/they executed the same for the purposes contained
therein. Sworn and Subscribed to before me, Notary Public.

Notary Signature: _____

My Commission Expires:_____

5. 您是否免费抚养这个孩子（没有个人补偿或收益）？

是_____ 否_____

6. 出于州/联邦目的，谁将要求此孩子为受抚养人？

姓名_____

7. 与该儿童的学校要求有关的所有个人义务，可能包括规定：所需的免疫接种、制服、费用/罚款、逃学的罚单/罚款、参加家长/教师会议、参加有关纪律和履行任何特殊教育要求的会议/听证会，以及做出所有教育决定的义务将由以下个人负责：

姓名_____ 关系_____

8. 目前是否有法院或其他方为孩子签发的抚养令？

是_____ 否_____ 如果是，付款对象是谁？

9. 以下个人目前支付子女的抚养费：

名称	关系	支持类型
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_____	_____	_____
_____	_____	_____
_____	_____	_____

经由本人经过公证的签名，本人允许学区调查本人/我们在本担保书中提供的信息，以确认和事实准确性。本人/我们验证本担保书中提供和包含的所有信息都是真实和正确的且善尽了本人/我们所掌握的知识、信息和信念。本人/我们理解，此处的任何虚假陈述均受处罚 18 PA. C.S. § 4904 关于向当局伪造未经担保的伪造的约束。

学区可以调查根据《学校守则》第 1302 条提交的担保书的真实性。因此，除非您确定本文件中陈述的事实完全真实和正确，否则请您不要签署担保书。您应该知道，如果您即将写的担保书不真实和正确；您可能会因虚假担保而受到刑事处罚。虚假发誓是宾夕法尼亚州三级轻罪，可处以最高 2,500.00 美元的罚款，一年监禁或两者兼而有之。此外，如果后来证明上述孩子无权享受免费学校特权，则您必须受到要求赔偿损失的民事诉讼。

(非父母照顾者的姓名印刷体)

(非父母照顾者的签名)

(父母/法定监护人的姓名印刷体)

(父母/法定监护人签名)

宾夕法尼亚州：Lehigh 郡 在 20____ 年的 ____ 月 ____ 日
____ 以及 _____ 其人出现

(非父母照顾者)

(家长/法定监护人)

在本公证员面前，该人（或令人满意地证明是）其姓名是在担保书所具名并提供担保的人，并承认他/她/他们出于担保书中所提及的目的执行了相同的担保书。其人在本公证人面前担保和进行了担保。

公证人签名： _____

本人权力到期日： _____