

(I) THE NAME AND DATE OF BIRTH OF THE CHILD;

(II) THE NAME AND ADDRESS OF THE CHILD'S PARENT OR LEGAL GUARDIAN;

(III) THE NAME AND ADDRESS OF THE RELATIVE PROVIDING INFORMAL KINSHIP CARE;

(IV) THE DATE THE RELATIVE ASSUMED INFORMAL KINSHIP CARE;

(V) THE NATURE OF THE SERIOUS FAMILY HARDSHIP AND WHY IT RESULTED IN INFORMAL KINSHIP CARE;

(VI) THE KINSHIP RELATION TO THE CHILD OF THE RELATIVE PROVIDING INFORMAL KINSHIP CARE;

(VII) THE NAME AND ADDRESS OF THE SCHOOL THE CHILD PREVIOUSLY ATTENDED;

(VIII) NOTICE THAT THE COUNTY SUPERINTENDENT MAY VERIFY THE FACTS GIVEN BY THE RELATIVE PROVIDING INFORMAL KINSHIP CARE IN THE AFFIDAVIT AND CONDUCT AN AUDIT OF THE CASE AFTER THE CHILD HAS BEEN ENROLLED IN THE COUNTY PUBLIC SCHOOL SYSTEM;

(IX) NOTICE THAT IF FRAUD OR MISREPRESENTATION IS DISCOVERED DURING AN AUDIT, THE COUNTY SUPERINTENDENT SHALL REMOVE THE CHILD FROM THE COUNTY PUBLIC SCHOOL SYSTEM ROLL; AND

(X) NOTICE THAT ANY PERSON WHO WILLFULLY MAKES A MATERIAL MISREPRESENTATION IN THE AFFIDAVIT SHALL BE SUBJECT TO A PENALTY PAYABLE TO THE COUNTY FOR THREE TIMES THE PRO RATA SHARE OF TUITION FOR THE TIME THE CHILD FRAUDULENTLY ATTENDS A PUBLIC SCHOOL IN THE COUNTY.

(4) THE AFFIDAVIT SHALL BE IN THE FOLLOWING FORM:

(I) I, THE UNDERSIGNED, AM OVER EIGHTEEN (18) YEARS OF AGE AND COMPETENT TO TESTIFY TO THE FACTS AND MATTERS SET FORTH HEREIN.

(II) _____ (NAME OF CHILD), WHOSE DATE OF BIRTH IS _____, IS LIVING WITH ME BECAUSE OF THE FOLLOWING SERIOUS FAMILY HARDSHIP: (CHECK EACH THAT IS APPLICABLE)

___ 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