

(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 PUBLIC SCHOOL OR 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
- \_\_\_\_\_ assignment of a parent or legal guardian of a child to active military duty

(iii) The name and last known address of the child's parent(s) or legal guardian is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(iv) My kinship relation to the child is \_\_\_\_\_

(v) My address is:

\_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_  
City State Zip Code