

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:_____

24 PS 13-1302 Hati Ya Kiapo ya Mlezi Asiyekuwa Mzazi Kwa Usajili wa Shule

MAAGIZO: Tafadhali kamilisha taarifa ifuatayo. Iwapo mtoto anaishi au ataishi katika kaya iliyo na watu wazima wawili ambao watachukua jukumu la kumlea mtoto, ni lazima wakazi WOTE wakamilishe na kutia saini hati hii ya kiapo.

1. Majina Yako _____ / _____ unaishi katika:
(Mlezi) (Uhusiano)

Mtaa _____ Jiji _____ Jimbo _____ Msimbo _____

Simu ya Nyumbani _____ Simu ya Mkononi _____

2. Jina Kamili la Mtoto _____ Tarehe ya
Kuzaliwa _____ Gredi _____
Jina na Anwani ya Shule ya Mwisho Aliyosoma _____

3. Mtoto alianza kuishi nyumbani kwangu mnamo ___/___/___ na ataishi nyumbani kwangu hadi ifikiapo ___/___/___

Uthibitishaji wa Mwenye Nyumba: tafadhali jaza ikiwa mlezi anakodisha makazi yao.

Jina la Mwenye Nyumba _____

Simu ya Nyumbani # _____ Simu ya Mkononi # _____

Jina la Mkodishaji _____

Simu ya Nyumbani # _____ Simu ya Mkononi # _____

Saini ya Mwenye Nyumba: _____ Tarehe: _____

4. Je, unakusudia kumtunza na kumsaidia mtoto mara kwa mara na sio tu katika muhula wa shule?

NDIYO _____ HAPANA _____

Wakati wa likizo ya majira ya joto, mtoto ataishi na
(Majina) _____

5. Je, unamlea mtoto huyu bila malipo (bila fidia au faida ya kibinafsi)?

NDIYO _____ HAPANA _____

6. Je, ni nani atakayedai mtoto huyu kama mtegemezi kwa madhumuni ya serikali/shirikisho?

MAJINA _____

7. Majukumu yote ya kibinafsi yanayohusiana na mahitaji ya shule ya mtoto huyu ambayo yanaweza kujumuisha kutoa: chanjo zinazohitajika, sare, ada/faini, nukuu/faini za utoro, kuhudhuria mikutano ya wazazi/walimu, kuhudhuria mikutano/mashauri kuhusu nidhamu na kutimiza mahitaji yoyote ya elimu maalum, na majukumu ya kufanya maamuzi yote ya kielimu yatakuwa ni wajibu wa:

MAJINA _____ UHUSIANO _____

8. Je, kwa sasa kuna amri ya usaidizi kwa mtoto ambayo imeagizwa na mahakama au mhusika mwingine? NDIYO _____ LA _____ Ikiwa Ndiyo, malipo yanatumwa kwa

nani? _____

9. Watu wafuatao kwa sasa wanachangia katika usaidizi wa mtoto:

JINA	UHUSIANO	AINA YA USAIDIZI
_____	_____	_____
_____	_____	_____
_____	_____	_____

Kupitia saini yangu iliyoidhinishwa, ninaipa wilaya ya shule ruhusa ya kuchunguza maelezo ambayo nimewasilisha/tumewasilisha katika hati hii ya kiapo kwa ajili ya uthibitishaji na usahihi wa ukweli. Ninathibitisha/tunathibitisha kwamba maelezo yote yaliyowasilishwa na yaliyomo katika hati hii ya kiapo ni ya kweli na sahihi kadiri ya ufahamu wangu/wetu.

Ninaelewa/Tunaelewa kuwa taarifa zozote za uwongo zilizotolewa hapa zinaweza kuwa chini ya adhabu 18 PA. C.S. § 4904, zinazohusiana na uwongo ambao haujaapishwa kwa mamlaka.

Wilaya inaweza kuchunguza ukweli wa hati za kiapo zilizowasilishwa chini ya 1302 ya Kanuni ya Shule. Kwa hivyo inaombwa kwamba usitie kwenye saini hati ya kiapo isipokuwa kama una uhakika kwamba ukweli uliobainishwa katika hati hii ni wa kweli na sahihi kabisa. Unapaswa kufahamu kwamba ikiwa Hati ya Kiapo unayokaribia kutoa si ya kweli na sahihi; unaweza kuadhibiwa kwa makosa ya jinai kwa ajili ya kuapa kwa uwongo. Kuapa kwa Uongo ni kosa dogo la Kiwango cha Tatu Nchini Pennsylvania, linaloadhibiwa kwa faini ya hadi \$2,500.00, kifungo cha mwaka mmoja, au adhabu zote mbili. Zaidi ya hayo, lazima ujihusishe na hatua ya kiraia kwa ajili ya uharibifu ikiwa itaonyeshwa baadaye kuwa mtoto aliye hapa juu hana haki ya kupata marupurupu ya shule bila malipo.

(Jina Lililoandikwa la Mlezi Asiyekuwa Mzazi)

(Saini ya Mlezi Asiyekuwa Mzazi)

(Jina Lililoandikwa la Mzazi/ Mlezi wa Kisheria)

(Saini ya Mzazi/Mlezi wa Kisheria:)

Jumuiya ya Madola ya Pennsylvania: Kaunti ya Lehigh siku hii ya _____ ya _____
20_____, mbele yangu, Mthibitishaji Rasmi, alionekana kibinafsi

_____ na
_____ ninamfahamu

(Mlezi Asiyekuwa Mzazi)

(Mzazi/Mlezi wa Kisheria)

(au amethibitishwa kuridhisha kuwa) ni mtu/watu ambao majina yao yameandikishwa katika hati ya kiapo na anakiri kwamba alitekeleza vivyo hivyo kwa madhumuni yaliyomo. Kuapishwa na Kuandikishwa mbele yangu, Mthibitishaji Rasmi.

Saini ya Mthibitishaji: _____

Muda wa Tume Yangu Unaisha: _____