

## CARETAKER RELATIVE'S EDUCATIONAL AUTHORIZATION AFFIDAVIT

1. INSTRUCTIONS: The completion and signing of the affidavit before a notary public are sufficient to authorize educational enrollment and services and school-related medical care for the named child. Please print clearly.

The child named below lives in my home, and I am 18 years of age or older.

a. Name of child: \_\_\_\_\_

b. Child's date of birth: \_\_\_\_\_

c. My name (caretaker relative): \_\_\_\_\_

d. My home address: \_\_\_\_\_

e. My relationship to the child (the caretaker relative must be an individual related by blood, marriage, or adoption by another individual to the child whose care is undertaken by the caretaker relative, but who is not a parent, foster parent, stepparent, or legal guardian of the child): \_\_\_\_\_

2. I hereby certify that this affidavit is not being used for the purpose of circumventing school residency laws, to take advantage of a particular academic program or athletic activity, to circumvent a disciplinary action of a previous school, or for an otherwise unlawful purpose.

3. My date and year of birth: \_\_\_\_\_

4. Check the following if true (**all must be checked for this affidavit to apply**):

A parent of the child identified in paragraph 1a of this affidavit has left the child with me and has expressed no definite time period when the parent will return for the child.

The child is now residing with me on a full-time basis.

No adequate provision, such as appointment of a legal custodian or guardian or execution of a notarized power of attorney, has been made for enrollment of the child in school, other educational services, or educationally related medical services.

5. WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

6. I declare under penalty of false swearing under the laws of Montana that the foregoing is true and correct.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Signature of caretaker relative)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Printed Name:  
Notary Public for the State of Montana  
Residing at \_\_\_\_\_, Montana  
My commission expires: \_\_\_\_\_

( S E A L )

7. NOTICES:

- a. Completion of this affidavit does not affect the rights of the child's parents or legal guardian regarding the care, custody, and control of the child and does not mean that the caretaker relative has legal custody of the child.
- b. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- c. This affidavit is effective until the earlier of:
  - i. the end of the first school year after delivery of the affidavit to the school;
  - ii. revocation by the caretaker relative; or
  - iii. the child no longer resides with the caretaker relative.
- d. If the child stops living with you, you shall notify anyone to whom you have given this affidavit.