



ATTESTATION FOR OTHER PRIMARY CAREGIVER

This form is to be completed by a legal, medical, or social service professional attesting to the status of a person as an "other primary caregiver" to a minor child. All information provided herein may be verified after the child has been enrolled in the District of Columbia Public Schools, a District of Columbia public charter school, or other school providing educational services funded by the District of Columbia.

An "other primary caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. For the purpose of this form, "a parent unable to provide care and support" to a child if one of the conditions described in the check boxes below apply. A person seeking to enroll the student as "other primary caregiver" shall provide documentation, such as this form, that establishes his or her status as an "other primary caregiver" as well as documentation that establishes his or her residency status as required by District of Columbia law and regulations.

I, _____, and employed by _____, located at _____, and I hereby certify that _____, who resides at _____, is the other primary caregiver of _____, who resides at _____.

To the best of my knowledge the child's parent, court appointed custodian or guardian is unable to provide care and support to the child, because the parent, court appointed custodian or guardian (check any that apply):

- | | |
|---|--|
| <input type="checkbox"/> has abandoned the child | <input type="checkbox"/> is incarcerated |
| <input type="checkbox"/> does not live with the child due to neglect and/or abuse | <input type="checkbox"/> is deceased |
| <input type="checkbox"/> suffers from a serious illness | <input type="checkbox"/> has an active military assignment |
| <input type="checkbox"/> Other (please specify): _____ | |

My relationship to _____ is that of _____.
(Name of Child or Caregiver) (Specify)

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

Signature of Attesting Professional _____ Date _____

Printed Name: _____ Title: _____

Organization: _____ Contact Phone: _____

Penalty for False Information:

Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both fine and imprisonment, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 and amended by the District of Columbia Public Schools and Public Charter School Student Residency Fraud Prevention Amendment Act of 2012 (D.C. Code §38-312). The case of any such person may be referred by the Office of the State Superintendent of Education to the Office of the Attorney General.