



### SWORN STATEMENT OF OTHER PRIMARY CAREGIVER

This form is to be completed by a person seeking to enroll a student under the status of "other primary caregiver". It will serve as a sworn statement that the person enrolling the student is the "other primary caregiver" of that student. The facts given by the "other primary caregiver" 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 is "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 a student as an "other primary caregiver" shall provide documentation, such as this sworn statement, 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 D.C. law and regulations.

I, \_\_\_\_\_, certify that I am a District of Columbia resident, with my primary place of residence at  
(Other Primary Caregiver Name)

\_\_\_\_\_. I am the other primary caregiver of  
(Address)

\_\_\_\_\_ who resides with me at the above referenced address in the  
(Student Name)

District of Columbia. I am the child's primary caregiver because his/her parent, custodian or guardian,  
\_\_\_\_\_, who currently resides at \_\_\_\_\_,

(Parent/Custodian/Guardian Name)

(Parent/Custodian/Guardian Address; if applicable)

is unable to provide primary care and support because he/she (check any that apply):

☐ has abandoned the child

☐ is incarcerated

☐ does not live with the child due to neglect and/or abuse

☐ is deceased

☐ suffers from a serious illness

☐ has an active military assignment

*If none of the above descriptions apply, please use another means listed under Part B of the DC Residency Verification Form to prove "other primary caregiver" status.*

What is your relationship to the child? \_\_\_\_\_

On what date did the child come under your primary care and support? \_\_\_\_\_

**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 Other Primary Caregiver

\_\_\_\_\_  
Date

#### 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.