

Part B. Other Primary Caregiver Verification (must be filled out by school official for each student whose primary caregiver is not a parent or court-appointed custodian or guardian)

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. Other primary caregivers must establish DC residency as required in Part A, in addition to establishing his/her status as an other primary caregiver.

I hereby certify that the caregiver named in Part A of this form presented one (1) of the following documents evidencing his/her status as an other primary caregiver:

- _____ **Records from the previous school year** indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card;
- _____ **Immunization or medical records** issued within the last twelve (12) months indicating that the student is in the care of the caregiver;
- _____ Official **documentation from the federal government or the Government of the District of Columbia** with an issue date within the last twelve (12) months indicating that the caregiver receives **public or medical benefits** on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter;
- _____ A completed and signed **Sworn Statement of Other Primary Caregiver** form indicating that he/she is the primary caregiver for the student; or
- _____ A written **attestation from a legal, medical or social service professional** attesting to the caregiver's status relevant to the student and issued within the last twelve (12) months.

I certify, under the penalties of perjury, that I have personally reviewed the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc. upon request.

School Official's Signature

Date

Part C. Parent/Guardian/Caregiver or Adult Student Sworn Statement of DC Residency (must be filled out by the person presenting residency documentation)

Student Full Name: _____

I hereby affirm that I am (check one):

- The parent/guardian/caregiver of the above named student The above named adult student (at least 18 years old or emancipated minor).

I affirm that I reside at _____
Address

I understand that enrollment of the above named student in District of Columbia public schools or public charter schools, or other schools providing educational services funded by the District of Columbia, is based on my representation of DC residency, including this sworn statement of DC residency and my presentation of residency verification documentation. **If this sworn statement is false, I understand that I am liable for payment of tuition for the student, and that the student may be withdrawn from school if payment of the full amount of tuition is not made.** Additionally, I understand that, under D.C. Code § 38-312, any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to **payment of a fine** of not more than \$2,000 or **imprisonment** for not more than 90 days, but not both a fine and imprisonment. **I hereby waive my rights to confidentiality of information relative to my residence and understand that the District of Columbia will use whatever legal means it has at its disposal to verify my residence.** I also agree to notify the school of any change of residence of myself or the student within three (3) school days of such change.

Printed Name of Parent/Guardian/Caregiver or Adult Student

Phone Number

Signature of Parent/Guardian/Caregiver or Adult Student

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.