



FORM 2 - 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, 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 boxes below apply. A person seeking to enroll the student as “other primary caregiver” shall provide documentation, including this form, which establishes his or her status as BOTH an “other primary caregiver” AND his or her residency in the District of Columbia as required by District of Columbia law and regulations.

I, _____ am employed by _____,
(Other Primary Caregiver) (Place of Employment)

located at _____, certify that, _____
(Employer Address) (Other Primary Caregiver)

who resides at _____, is the other primary caregiver of, _____
(Other Primary Caregiver Address) (Enrolling Student)

who resides at _____.
(Enrolling Student Address)

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):

- has abandoned the child
- does not live with the child due to neglect and/or abuse
- suffers from a serious illness
- is incarcerated
- is deceased
- has an active military assignment

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.



This section must be completed by school official ONLY. School officials should only collect and complete this form if the person enrolling the student is NOT the parent, legal guardian, or court appointed custodian of the student.

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 on the DC Residency Verification Form, in addition to establishing his/her status as an “other primary caregiver.” The following are examples of when an “other primary caregiver” status applies, including but not limited to:

- Parent has abandoned the child
- Does not live with the child due to neglect and/or abuse
- Parent suffers from serious illness
- Parent is incarcerated
- Parent is deceased
- Parent is on active military assignment

I hereby certify that the caregiver listed above has confirmed “other primary caregiver” status using one (1) of the choices above and presented one (1) of the following documents verifying his/her status as an “other primary caregiver”:

1. ____ 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;
2. ____ Immunization or medical records issued within the last twelve (12) months immediately preceding the school’s review of the residency documentation, indicating that the student is in the care of the caregiver;
3. ____ Unexpired official documentation from the federal government or the Government of the District of Columbia with an issue date within the last twelve (12) months immediately preceding the school’s review of residency documentation, 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,
4. ____ A completed and signed Sworn Statement of Other Primary Caregiver form (issued by OSSE) indicating that he/she is the primary caregiver for the student; or
5. ____ An Attestation for Other Primary Caregiver form (issued by OSSE) completed and signed by 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 immediately preceding the school’s review of residency documentation.

I certify, under the penalty of perjury, that I have personally reviewed the documents presented and affirm that the information represented above pertaining to other primary caregiver verification 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 to the Attorney General, etc. upon request.

School Official Name (Print)

School Official Signature

Date

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