



Caregiver & Living Arrangements Affidavit for Homeless or Abandoned Student

School Year
2019 – 2020
Kindergarten

Instructions: If you are the caregiver for a homeless or abandoned student, as defined below, please complete this form and return it to the school office. Any student who is age 18 or older, may complete this form. This affidavit may be used in lieu of proof of residence and guardianship documentation that is ordinarily required for student enrollment.

Student Information

Name _____ Sex _____ Birthdate _____ Grade _____

Student Status (Check the classification below that applies to the student.)

- Homeless student means a student who lacks a fixed, regular and adequate nighttime residence and includes: (a) any student who is sharing the housing of other persons due to loss of housing, economic hardship or a similar reason; is living in a motel, hotel, trailer park or camping grounds due to the lack of alternative adequate accommodations; is living in emergency or transitional shelter; is abandoned in a hospital; and (b) any student who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Abandoned student means a student with a parent who fails to provide reasonable support and to maintain regular contact with the child, including the provision of normal supervision, when such failure is accompanied by an intention on the part of the parent to permit such condition to continue for an indefinite period in the future. Failure to maintain a normal parental relationship with the child without just cause for a period of six months is prima facie evidence of abandonment, but the district can determine abandonment for the purpose of enrollment earlier than six months if supported by sufficient evidence.
- Neither of the above. Briefly describe the reason the student is living with you. _____

School Name/Location (at time student became homeless/abandoned) _____

Current Living Arrangements

Shared Housing Shelter Hotel/motel Other _____

Address _____ Telephone _____

Information about Biological or Adoptive Parent, or Legal Court-Appointed Guardian

Name _____ Relationship to Student _____

Email address _____

Address _____ Telephone _____

Caregiver Information (individual caring for student – if other than parent or legal guardian)

Name _____ Relationship to Student _____

Email address _____

Address _____ Telephone _____

My signature below affirms that the information provided here is true to the best of my knowledge.

Signature _____ Date _____

School Personnel: Either fax this form to 480-472-0296 or email it to mckv@mpsaz.org.

Case Number: _____ (To be added by McKinney-Vento Staff)