



Informal Kinship Care Status

Department of Student Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 334-16
April 2007

Section 1: To be completed by Relative Providing Informal Kinship Care

This is to record that the following child is currently in informal kinship care and is eligible to attend the Montgomery County Public Schools.

Name of Relative Providing Kinship Care _____

Address _____
Street City State Zip

Telephone: (home) _____ (work) _____

Name of Student _____ Date of Birth ____/____/____ Current Grade _____

Last School Attended _____

City _____ Maryland County _____

Name and Last Known Address of the Child's Parent/Guardian

Name _____

Address _____
Street City State Zip

Authority Legally Authorized to Verify Affidavit Information When Possible (This person must be legally authorized to reveal information which can verify the assertions in the affidavit.)

Name _____ Position _____

Address _____
Street City State Zip

Section 2: To be completed by School Personnel.

Completed and signed affidavit and residency documentation received _____ Date ____/____/____

Student ID Number _____ MCPS school of enrollment _____

Reason for Informal Kinship Care	Documentation Provided	Date
<input type="checkbox"/> Death of a parent or legal guardian	_____	____/____/____
<input type="checkbox"/> Serious illness of a parent or legal guardian	_____	____/____/____
<input type="checkbox"/> Drug Addiction of a parent or legal guardian	_____	____/____/____
<input type="checkbox"/> Incarceration of a parent or legal guardian	_____	____/____/____
<input type="checkbox"/> Abandonment by a parent or legal guardian	_____	____/____/____
<input type="checkbox"/> Assignment of a parent or legal guardian to active military duty	_____	____/____/____

Signature, Relative Providing Informal Kinship Care Relationship Date

Signature, MCPS Representative Title Date