



FAYETTE COUNTY PUBLIC SCHOOLS AFFIDAVIT FOR ABSENCE OF BIRTH CERTIFICATE

Name of School: _____ Today's Date: _____

I, _____, as parent, legal guardian or person with custody/charge
(Parent/Legal Guardian or Custodian Name) (Circle Your Relationship to Student)

of the following student: _____, date of birth, _____

born to _____ and _____ in
(Name of Mother) (Name of Father)

_____ do attest that I am unable to produce the certified
(City, State and Country of Birth of Student)

birth certificate of the student at this time because of the following circumstances:

I understand that in addition to this affidavit, Kentucky state law requires that I provide other reliable proof of the student's identity and age. With this affidavit, I am providing one of the following forms of reliable proof of student identity to the school for copying:

Check One:

_____ The student's valid Passport or other federal government identification;

_____ The student's valid Kentucky Driver's License or Permit (if age 16 or older);

_____ A Custody Decree or Court Order of Dissolution of Marriage of the student's parents identifying the child by name and date of birth;

_____ Prior school records (other than FCPS) identifying the child by name and date of birth; or,

_____ I am unable to provide the school with one of the acceptable forms of proof listed above at this time. I understand that this constitutes written notice that Kentucky State Law requires that I provide the certified birth certificate or one of above listed items to the school within 30 days of student enrollment. If I fail to do so, I understand that I will be reported to local law enforcement or the Kentucky State Police for investigation.



FAYETTE COUNTY PUBLIC SCHOOLS
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Phone: (____)_____ Address:_____

This form must be signed before a Notary: I swear or affirm that I have read and understand this two-page document and that all of the information provided by me is true and accurate under penalty of perjury.

(Signature of Parent/Guardian or Person with Custody/Charge of Student) (Date)

Secondary Signature: _____
(Secondary Signature of Someone Who Can Verify Circumstances)

Subscribed and sworn to before me by _____ on this _____
day of _____, 20____.

Notary Public _____, _____ County, Kentucky

My Commission Expires _____.

FOR OFFICE USE ONLY

Name of Staff Member Receiving This Affidavit _____ Date _____.

With this Affidavit (Choose One of Bulleted Items Below):

- _____ I HAVE BEEN PROVIDED student's: (Check applicable box. No further action required.)
 - ☐ Valid passport or federal government issued document;
 - ☐ Prior school records (other than FCPS) identifying student by name and date of birth;
 - ☐ Custody order or parent divorce decree with student's name and date of birth; or
 - ☐ Valid Kentucky driver's license or permit.
- _____ I HAVE **NOT** BEEN PROVIDED one of the acceptable forms of identification. The student's birth certificate or one of approved forms of student identity listed above is due 30 days from enrollment: _____ (Insert **Due Date**)

Acceptable proof or birth certificate received by **Due Date**? Yes _____ No _____.

If no, ask Director of Pupil Personnel (DPP) to send *Notice of Failure to Provide Proof of Student Identity*.

Date DPP requested to send Notice?: _____ by _____ (Name of Staff Member)

Acceptable proof or birth certificate received within 15 days after date *Notice* sent?

Yes _____ No _____. If No, forward copy of form to DPP and Board Attorney