

# Affidavit for Missing Enrollment Documentation

State: \_\_\_\_\_

School district: \_\_\_\_\_, to-wit:

\_\_\_\_\_, being first duly sworn upon oath, based upon his/her personal knowledge, answers the following questions as noted in his/her handwriting on this and the attached page, which are propounded by duly authorized officials of the \_\_\_\_\_ (district) concerning a pupil's missing enrollment documentation for the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Proof of residency    | <input type="checkbox"/> Immunization record           |
| <input type="checkbox"/> Proof of guardianship | <input type="checkbox"/> School physical/health record |
| <input type="checkbox"/> Proof of identity     | <input type="checkbox"/> School record                 |
| <input type="checkbox"/> Birth certificate     |  |

In accordance with the McKinney-Vento Homeless Education Assistance Improvements Act of 2001, (P.L. 107-110), states and localities are required to address barriers to the enrollment of students meeting the definition of homelessness.

1. What is your name?
2. Have you been advised by an official of the district, and do you understand that you are required to answer the questions contained in this affidavit as a condition to the enrollment and admission of a pupil into the district because of an inability to supply the district with the necessary enrollment documentation checked earlier on this affidavit?
3. Do you understand that giving a false or otherwise untrue answer to any of the questions in this affidavit could result in a criminal charge of perjury being brought against you?
4. Do you understand that when a question in the affidavit asks if you have knowledge of or if you know of an instance or situation, it means that you are expected to relate any knowledge you may have about the incident, whether it be personal knowledge or information received from other people, and to relate the source of your knowledge and information?

This sample may be used to develop a local affidavit to facilitate the enrollment of students who are experiencing homelessness. It is recommended that the attorney for the local agency using an adaptation of this document be consulted. Sample taken from National Center for Homeless Education at Serve 2004.

5. What is the full name of the pupil you wish to enroll in this district?
6. What are the age, date, and place of birth of the pupil being enrolled in this district?
7. Who are the parents, parents by legal adoption, legal guardians, or persons having legal custody of the pupil being enrolled?
8. Where is the pupil currently staying?
9. Do you have legal custody imposed by a court order or have you been designated as a court-appointed guardian for the pupil being enrolled?

What court entered such order and what type of case was it (i.e., custody hearing, etc.)?

10. Why are you unable to present a copy of documentation for the items checked on page 1 for the student that you are enrolling?

11. To the best of your knowledge has this pupil ever been reported to any law enforcement agency as a missing child?

If the response to question #11 is yes, identify by name and address the law enforcement agency and date of report.

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12. Is this affidavit being used to enroll a pupil who is missing immunization records, health records, school records, or proof of identify?

If the response to #12 is yes, give the following information:

- For missing immunization or health records, do you understand that you must obtain the necessary medical documentation and provide a copy to the school?
- For missing school records, what was the name and location of the last school the student attended?

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Date

Signature