

CAREGIVER CONSENT AFFIDAVIT
Department of Education
State of Hawaii

(Print Name of Caregiver) _____
being duly sworn upon oath, deposes and says:

1. I reside at the following address: _____

2. My Hawaii Driver's License number is: _____, or
State Identification number is: _____

3. My Home Telephone Number is: _____

4. I am the caregiver for (Name of minor): _____

a. Minor's birth date is: _____

b. Check one only (✓):

_____ I am a relative (by blood, marriage, or adoption) of the minor who resides with me.

Describe relationship: _____

_____ I am not a relative of the minor but the minor has been residing with me
everyday for at least the past six months.

The minor has resided with me continuously from _____

c. Reason why the minor lives with me: _____

d. Name of minor's legal parent/guardian/custodian: _____

5. Check one only (✓):

_____ The minor's legal parent/guardian/custodian has authorized me to provide
consent(s) needed for the minor to enroll in or withdraw from school and/or to
participate in curricular or co-curricular school activities. A copy of the signed
"Legal Parent/Guardian/Custodian Authorization for Caregiver Consent" is attached
hereto. (Skip to item #7).

_____ I am unable to obtain the signature of the minor's legal parent, guardian or
custodian authorizing me to provide consent(s) needed for the minor to enroll in or
withdraw from school, and/or to participate in curricular and co-curricular school
activities because _____

I made the following attempts (include dates/times of attempts made) to obtain the
signature of the minor's legal parent, guardian, or custodian authorizing me to
provide consent(s) needed for the minor to enroll in or withdraw from school, and/or
to participate in curricular and co-curricular school activities (use separate sheet of
paper if necessary): _____

6. I have notified the Child Protective Services Division of the Department of Human Services that the minor resides with me due to abuse or neglect perpetrated by the minor's legal parent, guardian, or custodian.

Check one only (✓):

_____ This does not apply.

_____ This does apply. I notified _____

(Name of CPS Social Worker)

On _____

(Date)

7. I understand that this affidavit does not authorize me to make consent for the minor for programs and services under the Individuals with Disabilities Education Act (DOE Chapter 56) or Section 504 of the Rehabilitation Act of 1973 (DOE Chapter 53).

8. I understand that the minor's legal parent, guardian, or custodian may rescind my authority under this *Caregiver Consent Affidavit* at any time by notifying the principal of the minor's school in writing.

9. I will immediately notify school officials if the minor no longer resides with me.

10. I attest that the information that I have provided is true and accurate and that this affidavit is not submitted to the Department of Education for the purpose of (1) attending a particular school; (2) circumventing the Department of Education's geographic exception process; (3) participating in athletics at a particular school; or (4) taking advantage of special services or programs offered at a particular school.

11. I understand that if I have made false claims or statements in this affidavit, I am subject to penalties under part V of chapter 710, Hawaii Revised Statutes, and that the minor may be subject to immediate transfer to the minor's home school.

12. I understand that the school may require additional information related to this affidavit.

Further affiant sayeth naught.

(Signature of Caregiver Affiant)

Subscribed and sworn to before me

this _____ day of _____, 200_____.

(Signature)

(Print Name)

Notary Public, State of Hawaii
My commission expires: _____

❖ No person who relies in good faith on this affidavit shall be subject to civil or criminal liability or to Professional disciplinary action because of that reliance. (Act 99, 2003 Legislative Session)