

REQUEST FOR DETERMINATION OF RESIDENCY STATUS

(Please complete both sides of this form and attach required documentation)

Student's Full Name _____ DOB _____

School Requested _____ Grade Level _____

Parent's Name _____

Parent's Address _____



- I certify:
- I am the court-appointed guardian/custodian of the student listed above
 - I am in the process of obtaining legal custody/guardian of the student listed above
 - I have other circumstances that need special consideration
 - I am an adult relative providing temporary care;

that the student lives with me in my home in Loudoun County, Virginia, **not solely for school purposes**, and that all of the information provided on this form and on the attached supporting documents is complete, true, and correct to the best of my knowledge and belief. I request a determination of the student's eligibility to attend Loudoun County Public Schools as a non-tuition paying student in accordance with Section C of Loudoun County School Board Policy §8-12.

_____ Guardian/Adult's Signature _____ Date _____

_____ (____) _____ (____) _____
 Print Guardian/Adult's Name Home Phone Work Phone

_____ , _____
 Residence Address (no. and street) (city) (state) (zip code)
 Email address: _____

If this student is not eligible for enrollment as a non-tuition paying student, would you like to request permission for the student to enroll as a tuition paying student?

_____ YES _____ NO

The following documents must be attached to this request:

For individuals with legal custody or guardianship:

- A copy of the court order or other legal document from a court in the United States conferring guardianship or legal custody of the student to the person making the request, signed by a judge.

For individuals in the process of obtaining legal custody or guardianship:

- A copy of the petition signed by an intake officer and a copy of the summons confirming the date and time of the court appearance.

For adult relatives providing temporary care:

- A notarized affidavit from the parent and the family adult along with a kinship power of attorney. These forms can be obtained from the school or Registrar once approval is decided.



RETURN THIS FORM WITH THE REQUESTED DOCUMENTATION TO:

Loudoun County Public Schools
 Department of Pupil Services - Registrar
 21000 Education Court, Ashburn, VA 20148

Loudoun County Public Schools

Explanation of Family Circumstances

Name of Student: _____ Age: _____

Name of registering adult: _____

Relationship of registering adult to student: _____

If the registering adult is not the natural parent, do they have legal, court-appointed guardianship or custody paperwork? If so, please attach: **yes** **no**

Student has lived with registering adult since: _____

Mother of student resides in: _____
(Address, City, State, or Country)

Father of student resides in: _____
(Address, City, State, or Country)

Please describe the circumstances surrounding the student(s) change in residence: _____

Mother is unable to keep the child(ren) with her because (if applicable):

Father is unable to keep the child(ren) with him because (if applicable):

Please list below the documents that you are providing to verify the inability of the parents to keep their child with them (example: Doctor's statement, social worker statement, employer's letter, etc.). Or explain the reason why this documentation is not available to you:

Signature: _____ Date: _____
Select: Parent Guardian Family Member Unaccompanied minor Other