

# **Brockton Public Schools School Committee Policy**

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## **CAREGIVER AUTHORIZATION**

**The Brockton Public School Department is required under the law to enroll and educate only those students who reside in the City of Brockton. With regard to students who are reported to be residing in the City of Brockton with an adult who is not a parent or legal guardian, a “Caregiver Authorization Affidavit” signed pursuant to M.G.L. Chapter 201F and conferring certain decision-making authority upon the adult with whom the student is residing may be submitted during enrollment. The Brockton Public Schools will not accept a Caregiver Authorization Affidavit as sole evidence of the student’s residency within the City of Brockton, and may require additional documentation or conduct an in-person residency check to confirm residency.**

**Please be advised that attempting to enroll a child who does not actually reside in the City of Brockton constitutes fraud, and consistent with M.G.L. Chapter 76, section 5, any person who participates in or assists in said fraud may be required to remit full restitution to the City of Brockton.**

**CAREGIVER AUTHORIZATION AFFIDAVIT**  
(Adopted by the Brockton School Committee on September 7, 2011)

I, \_\_\_\_\_, have physical and legal custody of \_\_\_\_\_.  
(Print Name) (Print Name of Child)

I am currently a resident of \_\_\_\_\_ but I want  
(Print Name of City, State or Country)

\_\_\_\_\_ to reside with \_\_\_\_\_, an adult who  
(Print Name of Child) (Print Name of Adult)

resides in the **City of Brockton** at \_\_\_\_\_.  
(Print Address)

I hereby knowingly and willingly consent to have \_\_\_\_\_ act in my place  
(Print Name of Adult)

on behalf of my child as to all education and educationally-related matters. The following includes, but is

not limited to, the actions which \_\_\_\_\_ may take with regard to my  
(Print Name of Adult)

child, as if those actions were my actions:

- Release any and all education records to third parties.
- Receive and review any and all educational records.
- Deny access to any and all educational records.
- Meet and conference with school staff regarding my child’s education, services provided, and educational progress.
- Participate in all TEAM or other meetings.
- Participate in all disciplinary meetings and hearings in my place, if such meetings and/or hearings are necessary.
- Receive and act on all notices typically sent from the school system to a parent and/or guardian.
- Consent to testing, assessments, evaluations, or the delivery of services, whether regular education, special education, and/or related services.
- Consent to emergency medical treatment during the school day.
- Consent to have certain named individuals pick up or drop off my child at school.
- Consent to participate in field trips, and any other school-related function.

**I understand that there are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law. I understand and agree that this form will remain in effect so long as I have not revoked it in writing and such revocation is received by the School Registration and Parent Information Center, Brockton Public schools, 43 Crescent Street, Brockton, MA 02301.**

**Signed and Sworn as True and as My Free Act and Deed this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

**WITNESSES TO AUTHORIZING PARTY SIGNATURE**  
*(To be signed by persons over the age of 18 who are not the designated caregiver.)*

\_\_\_\_\_  
Witness #1 Signature

\_\_\_\_\_  
Witness #2 Signature

\_\_\_\_\_  
Printed Name, Address and Telephone

\_\_\_\_\_  
Printed Name, Address and Telephone

**NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE**  
**Commonwealth of Massachusetts**

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**CAREGIVER ACKNOWLEDGEMENT**

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) reside with me at \_\_\_\_\_.

I am the child(ren)'s (state your relationship to the child) \_\_\_\_\_.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above.

However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian. I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature (caregiver): \_\_\_\_\_

Printed name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

SOURCE: Immigrant Legal Resource Center [[www.ilrc.org](http://www.ilrc.org)]

APPROVED/UPDATED: December 6, 2011; June 6, 2017

LEGAL REF.: M.G.L. Chapter 201 F; Chapter 76, section 5