

**Canton Public Schools**  
**CAREGIVER AUTHORIZATION AFFIDAVIT**  
Massachusetts General Laws Chapter 201F

Because of the importance of insuring that the Canton Public School Department is educating only those children who truly reside in the Town of Canton, the School Committee, as a matter of policy will not regard a "Caregiver Authorization Affidavit" signed pursuant to G.L. Chapter 201F as sufficient evidence of where a student resides. If a student is living in Canton with a non-parent who has established legal guardianship through the Probate Court, however, such legal guardianship, along with other factors, will be regarded as evidence of residency.

Attempting to enroll a child who does not actually reside in Canton constitutes fraud, and, consistent with 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 Town of Canton.

**1. AUTHORIZING PARTY** (Parent/Guardian)

I, \_\_\_\_\_, residing at \_\_\_\_\_

am: /circle one/ the parent      legal guardian      legal custodian      of the minor child(ren) listed below.

I do hereby authorize \_\_\_\_\_ residing at \_\_\_\_\_ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth
_____	_____	_____	_____
name	date of birth	name	date of birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

\_\_\_\_\_

The following statements are true and in accordance with MGL Chapter 201F.  
(Please read and initial)

\_\_\_\_\_ (Initial) 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. (If you are the legal guardian or custodian, attach the court order appointing you.)

\_\_\_\_\_ (Initial) **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.

\_\_\_\_\_ (Initial) I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.

\_\_\_\_\_ (Initial) 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.

\_\_\_\_\_ (Initial) A letter from the parent/guardian must be included with the Caregiver Affidavit stating the reason why the student is not living with the parent/guardian. This written explanation must be presented before the child will be registered. The Superintendent, or designee, reserves the right to request an interview with the parent/guardian, student, caregiver and/or sponsor who is registering the student. During the interview the registrant(s) may be asked to explain the circumstances which led to them requesting enrollment in the Canton Public Schools. The Superintendent or designee shall exercise judgment as to whether or not the registrant(s) is being candid, and in particular, as to whether or not the student is living in Canton. At the Superintendent's discretion, enrollment may be denied. For additional Residency and Registration information, please refer to the Canton Public Schools Student/Family Handbook.

This document shall remain in effect until \_\_\_\_\_ (*not more than two years from today*) or until I notify the caregiver in writing that I have amended or revoked it. I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**2. 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
_____ _____	_____ _____
_____	_____

**3. 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: \_\_\_\_\_

**4. CAREGIVER ACKNOWLEDGMENT**

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

Caregiver: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Date: \_\_\_\_\_