



# Attestation of Other Primary Caregiver (OPC) – 2026-27 School Year

This form is to be *completed by a legal, medical, or social service professional* attesting to the status of a person as an “other primary caregiver” to a student. The legal, medical, or social service professional **CANNOT** be a school official or employed by the LEA.

## Step One: Review the definition/description of an Other Primary Caregiver (OPC).

An “Other Primary Caregiver” is a person other than a parent, court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. For the purpose of this form, a parent is “unable to provide care and support” to a child if one of the serious family hardship conditions described in the boxes below applies. A person seeking to enroll the student as “other primary caregiver” shall provide documentation, including this form, which establishes his or her status as BOTH an “other primary caregiver” AND his or her residency in the District of Columbia as required by District of Columbia law and regulations.

## Step Two: Provide information as the professional attesting to status as an OPC.

Professional First Name:		Professional Last Name:	
Place of Employment:		Title:	
Employer Address:		Suite#:	
City:	State:	ZIP:	
Relationship to OPC/Student:			
Student First Name:		Student Last Name:	
OPC First Name		OPC Last Name	
OPC Address:		Apt#:	
City:	State:	ZIP:	

## Step Three: Identify the reason for OPC status.

To the best of my knowledge, the child’s parent, court appointed custodian, or guardian is unable to provide care and support to the child, because the parent, court appointed custodian or guardian (check any that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> he/she has an active military assignment    | <input type="checkbox"/> he/she is incarcerated  |
| <input type="checkbox"/> he/she suffers from a serious illness       | <input type="checkbox"/> he/she does not live with the child due to neglect and/or abuse |
| <input type="checkbox"/> he/she is deceased                          | <input type="checkbox"/> he/she has abandoned the child                                  |
| <input type="checkbox"/> he/she is experiencing loss of habitability | <input type="checkbox"/> he/she is unavailable due to deportation                        |

## Step Four: Sign and complete the attestation of OPC status.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Signature of Attesting Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_