

STATE OF: _____	AFFIDAVIT OF PARENT, GUARDIAN OR LEGAL CUSTODIAN
COUNTY OF: _____	For School Admission (G.S. 115C-366(a3))
IN THE MATTER OF	Parent/Guardian/Legal Custodian Information
Student's Full Name:	Name:
DOB: Age:	Address:
Sex: Current Grade:	City: State: Zip:
Last School Attended:	Home phone: Work phone:
The undersigned, being first duly sworn, says:	
1. I am the <input type="checkbox"/> parent <input type="checkbox"/> guardian <input type="checkbox"/> legal custodian (as checked) of the child listed above.	
2. My child resides or will be residing with the adult (hereinafter caregiver adult) listed below and the caregiver adult is domiciled at the address listed below: Name of caregiver adult: Address:	
3. The caregiver adult's relationship to me is:	
4. My child resides with the caregiver adult for the following reason(s) (check all that apply): <input type="checkbox"/> My <input type="checkbox"/> serious illness or <input type="checkbox"/> incarceration (as checked). <input type="checkbox"/> I have abandoned complete control of the student as evidenced by my failure to provide substantial financial support and parental guidance. <input type="checkbox"/> I have abused or neglected the student. <input type="checkbox"/> My physical or mental condition is such that I cannot provide adequate care and supervision of the student. <input type="checkbox"/> I have relinquished physical custody and control of the student upon the recommendation of the Department of Social Services or the Division of Mental Health. <input type="checkbox"/> Our home is lost or uninhabitable as the result of a natural disaster. <input type="checkbox"/> I am or my spouse is one of the following: <input type="checkbox"/> On active military duty (not including periods of active duty for training for less than 30 days) and is deployed out of the local school administrative unit in which the student resides. (Attach evidence of deployment) <input type="checkbox"/> A member or veteran of the uniformed services and was severely injured and medically discharged or retired within the past year. (Attach supporting evidence) <input type="checkbox"/> A member of the uniformed services who died within the past year while on active duty or as a result of injuries sustained while on active duty. (Attach supporting evidence)	
6. My child is not currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from this local school administrative unit and has never been convicted of a felony in North Carolina or any other state.	
7. My child's claim of residency with the caregiver adult named above is not primarily related to attendance at a particular school within the district.	

8. I give and the caregiver adult has accepted responsibility and authority to make educational decisions for my child, including enrolling the student, receiving and responding to notices of discipline under G.S. §115C-391, attending conferences with school personnel, acting as "parent" in connection with all special education decisions, granting permission for school-related activities, granting permission for emergency medical care, taking appropriate action in connection with student records, and any other decisions or actions recommended or required by the school in connection with my child. This grant of authority is not applicable to parental involvement in special education decisions when (a) my child's biological or adoptive parent or legal guardian agrees to continue to act as parent for the child with regard to special education decisions, and (b) the authority of such parent to make "educational decisions" has not been legally terminated.

9. WARNING OF PENALTY

I UNDERSTAND THAT IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE BOARD OF EDUCATION MAY REMOVE THE STUDENT FROM SCHOOL, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR LOCAL BOARD POLICY. I UNDERSTAND THAT IF A STUDENT IS REMOVED FROM SCHOOL, THE BOARD SHALL PROVIDE AN OPPORTUNITY TO APPEAL THE REMOVAL IN ACCORDANCE WITH BOARD POLICY AND SHALL NOTIFY ME OF THIS OPPORTUNITY. I UNDERSTAND THAT IF IT IS FOUND THAT I WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY BE REQUIRED TO PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.

This, the _____ day of _____, 2____.

(Signature of Parent, Guardian or Legal Custodian)

SWORN TO AND SUBSCRIBED BEFORE ME

This the _____ day of _____, 2____.

By _____
(Name of Parent, Guardian or Legal Custodian)

(Signature Notary Public)

My Commission Expires: _____

(NOTARY SEAL)