

STATE OF SOUTH CAROLINA

COUNTY OF GREENVILLE



AFFIDAVIT

PERSONALLY appeared before me, _____
Caretaker's Name

who being duly sworn states:

1. I am an adult resident of The School District of Greenville County,

residing at _____
Street Address City State Zip Code

2. The child, _____

has resided with me since _____

The child's relationship to me is _____

3. The child resides with me as a result of:

- ___ a. the death, serious illness, or incarceration of a parent or legal guardian;
- ___ b. the relinquishment by a parent or legal guardian of the complete control of the child as evidenced by the failure to provide substantial financial support and parental guidance;
- ___ c. abuse or neglect by a parent or legal guardian;
- ___ d. the physical or mental condition of a parent or legal guardian is such that he or she cannot provide adequate care and supervision of the child; or
- ___ e. the child or the child's parent or legal guardian does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations;
- ___ f. parent's or legal guardian's military deployment or call to active duty more than seventy miles from his residence for a period greater than sixty days; provided, however, that if the child's parent or legal guardian returns from such military deployment or active duty prior to the end of the school year, the child may finish that school year in the school he attends without charge even if the child resides in another school district for the remainder of the school year due to his parent or legal guardian returning home.

4. The specific circumstances which led to this living arrangement are

as follows: _____

5. The child's claim of residency in the district is not primarily related to attendance at a particular school within the district.

6. I agree to accept responsibility for educational decisions for the child including, but not limited to, receiving notes of discipline; attending conferences with school staff; and granting permission for athletic activities, IDEA and Section 504 documents; field trips, and other activities.

7. I UNDERSTAND THAT IF IT IS FOUND THAT I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT TO ENROLL A CHILD IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE, I MAY BE FOUND GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, MUST BE FINED AN AMOUNT NOT TO EXCEED TWO HUNDRED DOLLARS OR IMPRISONED FOR NOT MORE THAN THIRTY DAYS AND ALSO MUST BE REQUIRED TO PAY TO THE SCHOOL DISTRICT AN AMOUNT EQUAL TO THE COST TO THE DISTRICT OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.

By: _____
(Caretaker's Signature)

SWORN TO Before me this

_____ day of _____, 20__

_____(L.S.)
Notary Public for South Carolina

My Commission Expires: _____

Affidavits should be updated yearly.