

STATE OF SOUTH CAROLINA

SCHOOL AFFIDAVIT

COUNTY OF SPARTANBURG

PERSONALLY appeared before me, _____, who being duly sworn states:

1. I am an adult resident of _____ school district, residing at _____.
2. The child, _____, has resided with me since _____ . The child's relation 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.
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 notices of discipline; attending conferences with school staff; and granting permission for athletic activities, field trips, and other activities.
7. **I UNDERSTAND THAT IF IT IS FOUND THAT I HAVE WILFULLY 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 OF THE DISTRICT OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.**

Signature

Date

SWORN TO Before me this _____ day of _____, 20_____

(L.S.)
Notary Public for South Carolina
My Commission Expires: _____