**FILE: JFAA-E**

State of South Carolina }

 }

County of \_\_\_\_\_\_\_\_\_\_\_\_\_ }

**AFFIDAVIT**

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I get my mail at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Telephone number (home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. The child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has lived with me since \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The child’s relation to me is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. The child is living with me and is qualified to attend school in this district because (check one):

□ I have legal custody of the child (copy of custody papers required).

□ I am the child’s foster parent, licensed by the South Carolina
Department of Social Services.

□ The child lives at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is a facility licensed or operated by the South Carolina Department of Social Services or the South Carolina Department of Juvenile Justice (circle one).

□ The child’s mother/father (circle one or both) is dead or seriously ill and unable to care for the child or is in jail or prison (explain). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ The child’s mother/father (circle one or both) left the child with me. I have complete control of the child as shown by mother’s/father’s failure to provide substantial financial support and parental guidance.

□ The child was being abused or neglected by a parent or legal guardian. (Note: The school is required by law to report suspected child abuse or neglect.)

□ The child’s mother/father (circle one or both) has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.

□ The child is emancipated from the control of his/her mother and father.

□ The child’s family 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.

□ A parent/legal guardian’s military deployment or call to duty is more than 70 miles from his/her residence for a period greater than sixty (60) days.

4. The child’s claim of residency is not primarily related to attendance at a particular school in this district.

5. I understand that by enrolling the child in this school district, I agree to certain duties, including but not limited to, the following:

* making sure that the child attends school regularly
* accepting notices about the child’s behavior and taking part in any required meetings with school officials
* signing the child’s report card
* signing permission slips for field trips and athletic activities
* cooperating with the district, parents, or any surrogate parent if the child needs special education services
* informing the school district of the addresses of the parents, if known
* notifying the school if the child returns to his/her parent(s) or other person with legal custody

6. **I UNDERSTAND THAT I AM SIGNING THIS AFFIDAVIT UNDER PENALTY OF PERJURY. I UNDERSTAND THAT I CAN BE FINED UP TO $200 AND/OR SENT TO JAIL FOR UP TO THIRTY (30) DAYS IF I DO NOT TELL THE TRUTH. I ALSO UNDERSTAND THAT I MAY HAVE TO PAY THE DISTRICT THE COST OF EDUCATING THE CHILD IF I HAVE NOT TOLD THE TRUTH.\***

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Adult resident of school district

Sworn and subscribed before me this

\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Notary public)

My commission expires \_\_\_\_\_\_\_\_\_\_.

*\*If it is found that information contained in this affidavit is false, the child must be removed from school. The district will give notice of an opportunity to appeal the removal in accordance with the appropriate district grievance policy.*