

NOTE: If this Affidavit is used, an Affidavit C must also be completed by the Caregiver Adult

AFFIDAVIT B

STATE OF NORTH CAROLINA)
 COUNTY OF _____)

Please Print or Type

IN THE MATTER OF				EDUCATIONAL RESIDENCY AFFIDAVIT (PARENT, GUARDIAN OR LEGAL CUSTODIAN) (G.S. 115C-366(a3))
Full Name of Student				
Address of Parent, Guardian or Legal Custodian				
City		State	Zip	
Current Grade	Last School Attended			
Sex	Date of Birth	Age	Printed Name of Parent, Guardian or Legal Custodian	

The undersigned, being first duly sworn, says:

1. I am the parent, guardian or legal custodian (circle one) of the child referenced 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. My child resides with the above-referenced caregiver adult for the following reason(s) (check all that are true and provide all supporting documentation):
 - a. The death, serious illness, or incarceration of a parent or legal guardian; or
 - b. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance; or
 - c. Abuse or neglect by a parent or legal guardian (attach adjudication or court order); or
 - d. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student. Please describe the physical or mental condition of the parent or legal guardian _____; or
 - e. The relinquishment of physical custody and control of the student by the student's parent or legal guardian upon the recommendation of the Department of Social Services or the Division of Mental Health (attach written recommendation); or
 - f. The loss or uninhabitability of the student's home as the result of a natural disaster.
 - g. The parent or legal guardian is on active military duty (does not include 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).

4. This student 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 this or any other state.
5. This student's claim of residency in the school district is not primarily related to attendance at a particular school within the district or primarily related to playing a sport.
6. I hereby give and the caregiver adult has accepted responsibility for educational decisions for the student, 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, receiving and taking appropriate action in connection with student records, and any other decisions or actions recommended or required by the school in connection with this student. This grant of responsibility is not applicable to parental involvement in special education decisions when a) the student's biological or adoptive parent 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.

WARNING OF PENALTY

I UNDERSTAND THAT IF THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE LOCAL BOARD MAY, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR SCHOOL BOARD POLICY, REMOVE THE STUDENT FROM THE SCHOOL. THE BOARD WILL GIVE NOTICE OF AN OPPORTUNITY TO APPEAL THE REMOVAL IN ACCORDANCE WITH APPROPRIATE POLICY OF THE LOCAL BOARD.

I UNDERSTAND THAT IF I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I AM GUILTY OF A CLASS 1 MISDEMEANOR AND MUST PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT DURING THE PERIOD OF ENROLLMENT.

Sworn Under Oath or Affirmation.

Signature of Parent, Guardian or Legal Custodian

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20 ____.

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

(Signature of Notary Public)

My Commission Expires: _____

(Notary Seal)