



NON-PARENTAL AFFIDAVIT OF RESIDENCE

(For students living in Wake County, not in the home of parent(s) or legal custodian)

To be completed by an adult with whom the student is living.

The student named : _____ is living

with me: _____
(Name of adult with whom the student is living)

Address: _____ City: _____ State: _____ Zip: _____

I. Reason the student is living with the above named adult (check one)

_____ A. The death, serious illness, or incarceration of a parent or legal custodian. (Attach documentation)

_____ Death certificate.

_____ Statement from doctor or care facility regarding nature, onset, and duration of illness, date last examined, and ability of parent or legal custodian to care for child

_____ Documentation of incarceration and the duration.

_____ B. The abandonment by parent or legal custodian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance. (Documentation may be required)

_____ C. Abuse or neglect by the parent or legal custodian. (Attach documentation).

_____ Statement from Child Protective Services, law enforcement, etc., documenting reported abuse or neglect.

_____ D. The physical or mental condition of the parent or legal custodian is such that he or she cannot provide adequate care and supervision of the student. (Attach documentation).

_____ Statement from doctor or care facility regarding nature, onset, and duration of illness, date last examined, and inability of parent or legal custodian to care for student.

_____ E. The loss or uninhabitability of the student's home as the result of a natural disaster. (Documentation may be required)

_____ F. The deployment of the parent or legal custodian on active military duty, not including periods of less than 30 days for training. (Attach documentation)

_____ Official travel orders or other documentation of parent or legal custodian's deployment on active military duty.

II. I attest that this request to attend Wake County Public Schools is not primarily related to attendance at a particular school in Wake County.

III. I further attest that the student named above is neither under a long-term suspension or expulsion from his/her most recent school nor currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

IV. I further attest that I have been given and have accepted the responsibility to make educational decisions for this child, including but not limited to receiving report cards, notices of discipline, and other education records; attending conferences with school personnel; participating in IEP meetings and making appropriate decisions in regards to special education services; granting permission for field trips and other school-related activities, and taking all appropriate actions in connection with education records.

V. Check one

____ I have attached a signed *PARENTAL AFFIDAVIT OF RESIDENCE*.

____ I have made every effort to contact the parent or legal custodian and have been unable to obtain a signed *PARENTAL AFFIDAVIT OF RESIDENCE*.

Reason: _____

Signature: _____ Date: _____

Office of Student Assignment Administrator:

_____ **Date:** _____

YOU MUST SIGN, NOTARIZE, AND RETURN THIS FORM TO THE OFFICE OF STUDENT ASSIGNMENT

NOTE: IF IT IS FOUND THAT A PERSON WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION ON THIS AFFIDAVIT, THAT PERSON SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AND SHALL PAY TO THE WAKE COUNTY SCHOOL SYSTEM AN AMOUNT EQUAL TO THE COST OF EDUCATION OF THE STUDENT FOR THE TIME ENROLLED.

(Signature of adult with whom student is living)

State of: _____ County of: _____

I, _____ a Notary Public for said County and State, do

hereby certify that _____ personally appeared before me

this day and acknowledged the due execution of the foregoing instrument. Witnessed my hand and official seal, this

the _____ day of _____, 20_____.

My commission expires: _____.

(Notary Public)