



PARENTAL AFFIDAVIT OF RESIDENCE

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

To be completed by the parent or legal custodian

My student named: _____ is living with:

Name: _____

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

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

- _____ A. Serious illness or incarceration of spouse or myself. (Attach documentation)
 - _____ 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 me of the complete control of my child because I cannot provide substantial financial support and parental guidance.
- _____ C. Abuse or neglect in our family.
- _____ D. A physical or mental condition I have that is such that I cannot provide adequate care and supervision of my child. (Attach documentation).
 - _____ Statement from doctor or care facility regarding nature, onset, and duration of illness, date last examined, and my inability to care for the student.
- _____ E. The loss or uninhabitability of our home as the result of a natural disaster. (Documentation may be required)
- _____ F. The deployment of the child's 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 active duty military deployment.

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 decisions and taking appropriate actions in regards to special education services; granting permission for field trips and other school-related activities, and taking all appropriate action in connection with education records.

Parent Signature: _____ Date: _____

Parent Address: _____

City: _____ State: _____ Zip: _____

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 PROVIDES 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 parent or legal custodian)

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)