STATE OF:	AFFIDAVIT OF CAREGIVER ADULT For School Admission (G.S. 115C-366(a3))
IN THE MATTER OF	Caregiver Adult Information
Student's Full Name:	Name:
DOB: Age:	Address:
Sex: Current Grade:	City: State: Zip:
Last School Attended:	Home phone: Work phone:
The undersigned, being first duly sworn, say	ys:
1. I am the caregiver adult with whom the child	listed above resides.
2. I am domiciled at the above address.	
3. The child's relationship to me is:	
<ul> <li>4. The child resides with me for the following reason(s) (check all that apply): <ol> <li>The [] death, [] serious illness, or [] incarceration of a parent or legal guardian (as checked).</li> <li>The parent or guardian has abandoned complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.</li> <li>The parent or legal guardian has abused or neglected the student.</li> <li>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.</li> <li>The parent or legal guardian of the student has relinquished physical custody and control of the student upon the recommendation of the Department of Social Services or the Division of Mental Health.</li> <li>The parent or legal guardian is one of the following: <ol> <li>On active military duty (not including 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)</li> <li>A member or veteran of the uniformed services and was severely injured and medically discharged or retired within the past year. (Attach supporting evidence)</li> <li>A member of the uniformed services who died within the past year while on active duty or as a result of injuries sustained while on active duty. (Attach supporting evidence)</li> </ol> </li> </ol></li></ul>	
<ul> <li>6. The 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 North Carolina or any other state.</li> <li>7. The student's claim of residency with the caregiver adult named above is not primarily related to</li> </ul>	
<ul> <li>attendance at a particular school within the district.</li> <li>8. I have been given and hereby accept responsibility and authority to make 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</li> </ul>	

emergency medical care, 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. I also hereby accept responsibility to act as "parent" with regard to parental involvement in special education decisions if (a) the student's biological or adoptive parent or legal guardian is unwilling or unable to do so or (b) the authority of such parent to make "educational decisions" has been legally terminated.

## 9. Check one:

[ ] Affidavit of Parent, Guardian or Legal Custodian is attached.

OR

[ ] The student's parent or guardian is unable, refuses or is otherwise unavailable to sign an affidavit attesting to the facts stated herein.

## 10. WARNING OF PENALTY

I UNDERSTAND THAT IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE BOARD OF EDUCATION MAY REMOVE THE STUDENT FROM SCHOOL, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR LOCAL BOARD POLICY. I UNDERSTAND THAT IF A STUDENT IS REMOVED FROM SCHOOL, THE BOARD SHALL PROVIDE AN OPPORTUNITY TO APPEAL THE REMOVAL IN ACCORDANCE WITH BOARD POLICY AND SHALL NOTIFY ME OF THIS OPPORTUNITY. I UNDERSTAND THAT IF IT IS FOUND THAT I WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS I MISDEMEANOR AND MAY BE REQUIRED TO PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.

Signature of Caregiver Adult	
SWORN TO AND SUBSCRIBED BEFORE ME	
This the day of, 2	
Ву	
(Name of Caregiver Adult)	
(Signature Notary Public)	
My Commission Expires:	
(NOTARY SEAL)	
This the day of, 2 By (Name of Caregiver Adult) (Signature Notary Public) My Commission Expires:	