

**STATE OF NORTH CAROLINA )**  
**COUNTY OF SWAIN )**

**Please Print or Type**

<b>IN THE MATTER OF</b>				<b>EDUCATIONAL RESIDENCY AFFIDAVIT</b>  <b>(CAREGIVER ADULT)</b>  (G.S. 115C-366(a3))
Full Name of Student				
Address of Caregiver Adult				
City		State	Zip	
Current Grade		Last School Attended		
Sex	Date of Birth	Age	Printed Name of Caregiver Adult	

The undersigned, being first duly sworn, says:

1. I am the caregiver adult with whom the above-referenced child resides.
2. I am domiciled at the above-referenced address.
3. This child resides with me 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 (under G.S. 115C-366(h)(1), a child is considered “abused or neglected if there has been an adjudication of that issue”) (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 one of the following:
    - 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); or
    - A member or veteran of the uniformed services and was severely injured and medically discharged or retired within the past year (attach supporting evidence); or
    - A member or veteran 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).

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 have been given and hereby accept 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. I also hereby accept responsibility to act as "parent" with regard to parental involvement in special education decisions if (a) the biological or adoptive parent is unable or unwilling to do so or (b) if the authority of such parent to make "educational decisions" for the child has been legally terminated.
7. Affidavit B from the parent, guardian or legal custodian is attached.

**OR**

I attest to the fact that the parent, guardian or legal custodian is:

- a. unwilling,
- b. unavailable, or
- c. unable

to sign an affidavit concerning the educational residency of the student or the responsibility for educational decisions.

**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 Caregiver Adult

**SWORN TO AND SUBSCRIBED BEFORE ME**

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

by \_\_\_\_\_  
(Name of Caregiver Adult)

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_

(Notary Seal)