

This form must be maintained in the student's cumulative folder.

Please Print or Type

IN THE MATTER OF: Student Name _____			EDUCATIONAL RESIDENCY AFFIDAVIT (PARENT OR LEGAL GUARDIAN) G.S. 115C-366		
Address _____					
City _____	State _____	Zip _____			

The undersigned _____ being duly sworn says:
(Name of Parent or Legal Guardian)

1. I am an adult individual resident of: _____
Street Address or P.O. Box

City _____ State _____ Zip _____ County _____

Home Phone # _____ Work Phone # _____

2. I am the: parent legal guardian

Full Name of Child _____ Date of Birth _____ Sex _____ Grade Entering _____

3. My child resides or will be residing with _____ at _____
Name of Custodial Adult _____ Street # _____

P.O. Box _____ City _____ State _____ Zip _____ County _____

The custodial adult resides in the _____ attendance area.
School Name _____

4. My child resides with the custodial adult for the following reason(s) (check all that apply - documentation may be required):

- 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 a parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- e. I have relinquished physical custody and control of the student upon the recommendation of the Department of Social Services or the Division of Mental Health. Please describe psychological or mental condition of parent or legal guardian. _____
- f. The loss or uninhabitability of the student's home as the result of a natural disaster.
- g. Family living with others. Family is defined as parent(s) and their children. Person with whom the family resides and their address. _____
- h. The parent or legal guardian is one of the following:
 - On active military duty (not including periods of active duty for training for less

(Blue)

than 30 days and is deployed out of the local school administrative unit in which the student resides(Attach evidence of deployment)

- [] A member or veteran of the uniformed services and was severely injured and medically discharged or retired within the past year. (Attach supporting evidence)
- [] 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)

5. Name and address of last school attended: _____
6. 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 the local school administrative unit; and
7. This student has not been charged/convicted of a felony in this or any other state. If the student has been charged/convicted of a felony, please state the felony, where the felony occurred, and the date of the felony: _____
8. This student's claim of residence in the unit is not primarily related to attendance at a particular school within the unit or for sports-related purposes.
9. The undersigned parent or legal guardian has specifically given and the custodial adult has accepted responsibility for educational decisions of the child named herein, including (1) receiving notices of discipline under G.S. 115C-391, (2) attending conferences with school personnel, (3) granting permission for school-related activities, (4) taking appropriate action in connection with student records, (5) signing all contract as are required by the school or Board of Education, and (6) signing any and all documents as required relating to Special Education and/or Exceptional Children.
10. The undersigned parent or legal guardian hereby specifically authorizes the custodial adult to give consent for medical treatment for the minor child for any accident, injury or cost of treatment which occurs on or about the Lee County Board of Education property. I further authorize the Lee County Board of Education and its agents and employees to administer needed medical treatment. I furthermore hold harmless the Lee County Board of Education for medical treatment or any costs of treatment incurred.
11. The undersigned parent or legal guardian specifically authorizes the release of confidential student records of _____, including academic and psychological records as required by the Lee County Board of Education, State, or Federal Law. The undersigned parent or legal guardian holds harmless the Lee County Board of Education for any release of said records by the Custodial Adult.

WARNING OF PENALTY

IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THEN THE LOCAL BOARD MAY, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR LOCAL BOARD POLICY, REMOVE THE STUDENT FROM THE SCHOOL. IF A STUDENT IS REMOVED FROM THE SCHOOL, THE BOARD SHALL PROVIDE AN OPPORTUNITY TO APPEAL THE REMOVAL UNDER THE APPROPRIATE POLICY OF THE LOCAL BOARD AND SHALL NOTIFY ANY PERSON WHO SIGNED THE AFFIDAVIT OF THIS OPPORTUNITY. IF IT IS FOUND THAT A PERSON WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THE AFFIDAVIT, THE MAKER OF THE AFFIDAVIT SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AND SHALL PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT DURING THE PERIOD OF ENROLLMENT. REPAYMENTS SHALL NOT INCLUDE STATE FUNDS. N.C. G.S. 115C-366

<u>SWORN AND SUBSCRIBED TO BEFORE ME</u> Date	This form must be notarized prior to Submitting to the Board of Education.
Signature of Notary Public	Signature of Affiant
Title of Person authorized to Administer Oaths	Date
<u>My Commission Expires:</u>	