

# EDUCATIONAL RESIDENCY AFFIDAVIT - INSTITUTIONAL

Students living in certain child care homes, foster homes, and group homes are considered legal residents of the school administrative unit in which the institution is located, even though they are not domiciled in the administrative unit. This affidavit is used to validate the enrollment of these students. (G.S.115C-366)



## STUDENT INFORMATION

Student's Legal Last Name	Student's Legal First Name	Student's Legal Middle Name
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## STATEMENT OF RESIDENCE

1. My name is \_\_\_\_\_
2. I am the \_\_\_\_\_ (Office Held) of \_\_\_\_\_ (Name of Institution).
3. The institution is established and operated for the purpose of rearing and caring for children who do not live with their parents under the laws of the State of North Carolina.
4. \_\_\_\_\_ (Name of Child) lives in, is cared for, and is supported by the institution named above.
5. The facilities of the institution named above in which the child lives are located within the boundaries of Wilkes County School Administrative Unit.

***I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, THE CHILD MAY BE REMOVED FROM ENROLLMENT IN THE WILKES COUNTY SCHOOLS AND THE INSTITUTION MAY BE REQUIRED TO REIMBURSE THE WILKES COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COSTS OF EDUCATING THE CHILD DURING THE TIME HE OR SHE WAS ENROLLED IN THE WILKES COUNTY SCHOOLS.***

\_\_\_\_\_  
Signature (SEAL)

\_\_\_\_\_  
Typed or Printed Name of Person Signing Affidavit

## TO BE COMPLETED BY A NOTARY PUBLIC

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed by my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_