

# EDUCATIONAL RESIDENCY AFFIDAVIT – PARENT/GUARDIAN

Students residing with an adult who is a domiciliary of Wilkes County as a result one or more of the conditions listed below may use this form to validate the enrollment of these students.

- The death, serious illness, or incarceration of the parent/guardian
- The abandonment by the parent/guardian or the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
- Abuse or neglect by the parent/legal guardian, as substantiated by DSS or similar agency.
- The physical or mental condition of the parent/legal guardian is such that he/she cannot provide adequate care and supervision of the student, or
- The loss or uninhabitability of the student's home as a result of a natural disaster.
- The parent/guardian is: 1) on active military duty and is deployed out of the local administrative unit. The term "active duty" does not include periods of active duty for training for less than 30 days; 2) A member or veteran of the uniformed services who is severely injured and medically discharged or retired, but only for a period of one year after the medical discharge or retirement of the parent or guardian; 3) A member of the uniformed services who died on active duty or as a result of injuries sustained on active duty, but only for a period of one year after death. The term "active duty" is as defined in G.S. 115C-407.5. Assignment is only available if some evidence of the deployment, medical discharge, retirement, or death is tendered with the affidavit.

(G.S.115C-366)



## STUDENT INFORMATION

Student's Legal Last Name

Student's Legal First Name

Student's Legal Middle Name

## PARENT/GUARDIAN EDUCATIONAL RESIDENCY AFFIDAVIT

1. My name is \_\_\_\_\_

I  am  am not (check one) over eighteen years of age.

I live at \_\_\_\_\_

I have lived there \_\_\_\_\_ (days, months, years)

I lived at \_\_\_\_\_ before moving to my present address.

I get my mail at \_\_\_\_\_

I am registered to vote in \_\_\_\_\_ County, \_\_\_\_\_ (State)

My motor vehicle is registered in \_\_\_\_\_ County, \_\_\_\_\_ (State)

My telephone number is \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

I work at \_\_\_\_\_ (Name of Business/Address)

2. I am the  parent  legal guardian or  legal custodian of \_\_\_\_\_ (Name of Child).

3. The other parent of the child is \_\_\_\_\_, and

is  is not (check one) over eighteen years of age.

Lives at \_\_\_\_\_

Has lived there \_\_\_\_\_ (days, months, years)

Lived at \_\_\_\_\_ before moving to present address

Gets mail at \_\_\_\_\_

Is registered to vote in \_\_\_\_\_ County, \_\_\_\_\_ (State)

His/her motor vehicle is registered in \_\_\_\_\_ County \_\_\_\_\_ (State)

His/her telephone number is \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

He/she works at \_\_\_\_\_ (Name of Business/Location)

4. The child is now living with \_\_\_\_\_

His/Her relation to the child is \_\_\_\_\_

She/He and the child live at \_\_\_\_\_

The child has lived there since \_\_\_\_\_

5. The child is qualified to attend school in Wilkes County, North Carolina, because (check boxes for all statements which are true):

- The mother of the child is:  dead  seriously ill  incarcerated (check one)
- The father of the child is:  dead  seriously ill  incarcerated (check one)
- The legal guardian or legal custodian of the child is:  dead  seriously ill  incarcerated (check one)
- All of the parents or legal guardians or legal custodians of the child have abandoned complete control of the child, as shown by the parents'/legal guardian's/legal custodian's failure to provide substantial financial support and parental guidance to the child.
- The parents or legal guardians or legal custodians of the child have abused or neglected the child.
- The child has been found to be abused or neglected by the court in \_\_\_\_\_ (City),  
\_\_\_\_\_ (County), \_\_\_\_\_ (State)
- The parents or legal guardians or legal custodians of the child are unable to provide adequate care and supervision to the child because of the parents' or legal guardian's or legal custodian's physical or mental condition which is (describe) \_\_\_\_\_
- The child's previous home located at \_\_\_\_\_ was destroyed or made uninhabitable by natural disaster on \_\_\_\_\_ (approximate date).
- The child's parent/guardian is:  on active military duty for more than 30 days and is deployed out of the local administrative unit;  
 a member or veteran of the uniformed services who is severely injured and medically discharged or retired for less than one year;  
 a member of the uniformed services who died on active duty or as a result of injuries sustained on active duty within the past year.
- Written documentation that I am the legal guardian/custodian of the child is attached.
6. The child is not now under a term of suspension or expulsion from any school for conduct that could have led to a suspension or expulsion from the Wilkes County Schools.
7. The child's claim or residency is not primarily related to attendance at a particular school within Wilkes County.
8. The child's claim of residency is not primarily related to attendance at a particular school in order to play any sport.
9. I have given \_\_\_\_\_ responsibility for making educational decisions for and about the child, including receiving notice of discipline, attending conferences with school personnel, granting permission for school-related activities, and taking appropriate action in connection with student records. I have also given responsibility for consenting to medical treatment for the child.
10. Check boxes for all the following statements which are true:
- A copy of a power of attorney executed pursuant to North Carolina General Statute Section 47-115.1  is  is not (check one) attached.
- A copy of the document giving the authority described in #9  is  is not (check one) attached.
11. I understand that if the information in this affidavit is false, the child may be removed from school. The Wilkes County Schools will give notice of an opportunity to appeal the removal in accordance with Board of Education policy.

**I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE GUILTY OF A CLASS 1 MISDEMEANOR AND WILL HAVE TO PAY THE WILKES COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THIS TIME HE OR SHE WAS ENROLLED IN THE WILKES COUNTY SCHOOLS.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Custodian (SEAL)

**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 \_\_\_\_\_