

INCOMPLETE FORMS WILL NOT BE ACCEPTED
(COMPLETE ONE AFFIDAVIT FOR EACH CHILD)

AFFIDAVIT

1. Home-Owner's OR Caretaker's Name _____

I live at _____
STREET ADDRESS CITY ZIPCODE

I get my mail at _____
STREET ADDRESS/OR P.O. BOX CITY ZIPCODE

Telephone Number _____ (Home) _____ (Work) _____ (Cell)

2. The child (First **and** Last Name) _____ has lived with me

PRINT LEGIBLY!

since (Date) _____. How is the child related to the Home-Owner/Caretaker listed in #1? _____.

He/She will be attending school at _____ and will be in the _____ grade.

The child's Parent's/Legal Guardian's names: _____.

3. The child is living with me and is qualified to attend school in this Georgetown County School District because:
(check one)

I have legal custody of the child (copy of legal/court custody papers required*).
**Notarized statement from the parent will NOT be accepted.*

I am the child's foster parent, licensed by the Department of Social Services.

The child lives at _____, which is a facility licensed or operated by the Department of Social Services or the Department of Youth Services (circle one).

The child's (circle one or both →) mother/father is dead or seriously ill and unable to care for the child or is in jail or prison.
(Explanation) _____

The child's (circle one or both →) mother/father left the child with me. I have complete control of the child as shown by the mother's/father's failure to provide substantial financial support and parental guidance.

The child was being abused or neglected by a parent or legal guardian. (Note: The school is required by law to report suspected child abuse or neglect.)

The child's (circle one or both →) mother/father has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.

The child is emancipated from the control of his/her mother and father.

*The child's family does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.

(*Check the last box if there are no bills with the above address in the Parent's or Guardian's name)

