

State of South Carolina }
County of Beaufort }

AFFIDAVIT

2020 - 2021

1. My name is _____.

I live at:

Address:	City:	State:	Zip:
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I get my mail at:

Address:	City:	State:	Zip:
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Telephone number

Home:	Work:	Cell:
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2. The child, _____, has lived with me since _____. The child's relation to me is _____. The school in my attendance zone is _____.

3. The child is living with me and is qualified to attend school in the Beaufort County School District (District) because (Check one):

- I have legal custody of the child (court ordered custody papers are required for guardianship).
- 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.
- The child's mother/father (circle one or both) is dead or seriously ill or is in jail or prison and unable to care for the child (explanation) _____

- The child's mother/father (circle one or both) left the child with me. I have complete control of the child as shown by 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 mother/father (circle one or both) 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.
- A parent/legal guardian's military deployment or call to duty more than 70 miles from his/her residence for a period greater than 60 days.

4. The child's claim of residency is not primarily related to attendance at a particular school in this District.
5. I understand that by enrolling the child in this District, I accept responsibility for educational decisions for the child and, agree to certain duties, including but not limited to, the following:
 - making sure that the child attends school regularly
 - accepting notices about the child's behavior and taking part in any required meetings with school officials
 - signing the child's report card
 - signing permission slips for field trips, athletic activities, and other activities as required
 - cooperating with the District, parents or any surrogate parent if the child needs special education services
 - attending conferences with school staff
 - receiving notices of discipline
 - informing the school District of the addresses of the parents, if known
 - notifying the school if the child returns to his/her parent(s) or other person with legal custody
 - affidavits are subject to renewal each year

I understand that I am signing this affidavit pursuant to the requirements of S.C. Code Ann § 59-63-32 under penalty of perjury. I understand that I can be fined up to \$200 and/or sent to jail for up to 30 days if I do not tell the truth. I also understand that I may have to pay the District the cost of educating the child if I have not told the truth. If it is found that information contained in this affidavit is false, the child will be removed immediately from schools in the District. The District will give notice of an opportunity to appeal the removal in accordance with the appropriate District grievance policy.

Adult resident of school District

Sworn and subscribed before me this

_____ day of _____, 20____.

(Notary Public for South Carolina)

My commission expires_____.

Approved by BCSD _____

Approval Date _____