



AFFIDAVIT OF PARENTAL GUARDIANSHIP

THIS FORM SHOULD BE COMPLETED BY THE LEGAL PARENT / GUARDIAN WHEN RECORD SUBMISSION IS IN-PROGRESS

This form shall be completed by parent or legal guardian of students who do not currently have proof of guardianship presented within court documentation i.e. *name change decree, lost or missing documentation*. I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein. The student whose legal name is _____ and whose date of birth is ___ / ___ / ___ and resides with me at the Address:

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

I attest to the legal status of my relationship to child as: Mother / Father / Legal Guardian (court appointed).

My Full Last, First MI Name: _____

If applicable, My previous Full Last, First MI Name: _____

***Please fill out each field completely or write N/A if necessary**

1. Reason for submitting this form in lieu of birth record that states relationship: **check at least one**

_____ A. Vital record missing or not a record in parent/guardian possession; renewal in-progress

_____ B. Legitimacy not formally established; formal guardianship is in-progress.

Other circumstances approved by the District (explain below): District explanation: _____

2. _____ I am the primary care provider, with control and charge of the child, which I provide 24 hours per day, 7 days per week

PLEASE READ AND INITIAL TO VERIFY REVIEW:

3. _____ The School District's Superintendent, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the District. The audit may also include a personal visit by a District attendance officer or other employee of the District at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the District discovers fraud or misrepresentation, student shall be withdrawn from school.

4. _____ I attest that this request to attend Georgia Cyber Academy is not primarily related to attendance at a particular school *nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.*
5. _____ I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify Georgia Cyber Academy.

NOTICE OF PENALTIES AND LIABILITY:

I understand that: *continue to initial to verify review*

1. _____ If I falsify information or defraud Georgia Cyber Academy on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled and shall remunerate the District as set forth in O.C.G.A. § 20-2-133 (a).
2. _____ If the costs incurred by the District are collected by an attorney, I will be obligated to pay for all expenses and attorney’s fees incurred by the Board of Educators in the collection of same.
3. _____ I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am Found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.
4. _____ I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.
5. _____ I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false
6. _____ I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.
7. _____ By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature of affiant (adult with whom the child is living) Date

<p>PLEASE NOTARIZE</p> <p>Sworn to and subscribed before me this</p> <p>_____ day of _____, 20____.</p> <p>Notary Public:</p>	<p>Printed Full Last, First Name of Affiant:</p> <p>_____</p> <hr/> <p>Signature of the Affiant:</p> <p>_____</p>
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Please send completed form to Georgia Cyber Academy Enrollment & Records Department at enrollment@georgiacyber.org