

**CUSTODIAN'S AFFIDAVIT OF RESIDENCY**

I, \_\_\_\_\_, reside in Dare County, North Carolina at  
(full legal name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

I am the custodial adult with whom the following child(ren) reside(s) at the above address:

<b>Full Name of Child(ren)</b>	<b>Age</b>
_____	_____
_____	_____
_____	_____
_____	_____

**WARNING OF PENALTY:** I UNDERSTAND THAT IF THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THE DARE COUNTY BOARD OF EDUCATION MAY, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR SCHOOL BOARD POLICY, REFUSE ADMISSION OR, IF THE STUDENT IS ENROLLED, WITHDRAW THE STUDENT FROM THE SCHOOL. THE BOARD WILL GIVE NOTICE OF AN OPPORTUNITY TO APPEAL A DENIAL OF ADMISSION OR A WITHDRAWAL IN ACCORDANCE WITH BOARD POLICY 1740/4010, STUDENT AND PARENT GRIEVANCE PROCEDURE. I UNDERSTAND THAT IF I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE GUILTY OF A CLASS 1 MISDEMEANOR AND MAY BE REQUIRED TO PAY TO THE DARE COUNTY BOARD OF EDUCATION AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT DURING THE PERIOD OF ENROLLMENT. REPAYMENT SHALL NOT INCLUDE STATE FUNDS.

**Sworn Under Oath or Affirmation**

\_\_\_\_\_  
Signature of Parent, Guardian, or Legal Custodian

**SWORN TO AND SUBSCRIBED BEFORE ME**

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
(Name of Parent, Guardian, or Legal Custodian)

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires: \_\_\_\_\_