

# AFFIDAVIT OF RESIDENCE

## TO BE COMPLETED BY STUDENT'S PARENT OR LEGAL GUARDIAN:

1. My name is \_\_\_\_\_ .  
I am the parent/legal guardian of \_\_\_\_\_ .  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ .  
We live at the following (911) address: \_\_\_\_\_ .  
Phone number (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work) \_\_\_\_\_
2. I certify that the address indicated is our primary and permanent address at the present time, and that we do not live at any other address. I further certify that I do not pay for utilities at any other address.
3. If at any time I move to another address, I will immediately furnish the school where my child is enrolled with my change of address and my child will attend the school serving my new residence unless student assignment has been requested and approved.

## TO BE COMPLETED BY PERSON WHO OWNS HOME:

My name is \_\_\_\_\_ . I hereby verify that the above-named individuals live at my residence. I am providing proof of my residence herewith. I understand that if they move, I am to notify the school where the student is enrolled to void this affidavit and that if I do not notify the school, penalties could apply.

**We, the undersigned, hereby state and affirm that we know and understand that pursuant to Section 16-9- 30 of the South Carolina Code of Laws, it is unlawful to willfully and knowingly swear falsely in taking any oath required by law that is administered by a person directed or permitted by law to administer such oath. We further understand that violation of the above-specified section of law constitutes a FELONY and persons committing such violation may be fined at the discretion of the Court or imprisoned not more than five years, or both.**

Signature of Parent/Legal Guardian

Signature of Owner/Lessee of Residence

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ .

Notary Public for South Carolina My commission expires \_\_\_\_\_ .

Signature of Notary/Seal

**\*This form must be completed annually.**

Note: This information is subject to investigation by law enforcement. If it is discovered that the information provided in this affidavit is FALSE, THE CHILD WILL PROMPTLY BE WITHDRAWN FROM SCHOOL.

School Office Approval Signature

Date

**Spartanburg School District Four  
118 McEdco Road  
Woodruff, SC 29388  
(864) 476-3186**