



# Caswell County Schools

## Educational Residency Affidavit

(Parent or Legal Guardian)  
G.S. §115C-366

Parent/Guardian/Legal Custodian Information		
Name:		
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	

The undersigned being duly sworn says:

1. I am the parent or legal guardian of the child(ren) listed below:

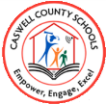
Full Name of Child(ren)	Date of Birth	Last School Attended	Current Grade:
	___/___/20___		
	___/___/20___		
	___/___/20___		
	___/___/20___		

2. My child(ren) reside(s) with the adult (hereinafter custodial adult) listed below and the custodial adult is a resident of the school district listed below:

Custodial Adult	Relationship to parent/guardian
Address:	School District

3. My child(ren) reside(s) with the custodial adult for the following reason(s) (check all that apply):

- The death, serious illness, or incarceration of a parent or legal guardian, or
- The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance; or
- Abuse or neglect by a parent or legal guardian; or
- The physical or mental condition of a parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student; or
- The parent or legal guardian has relinquished physical custody and control of the student upon the recommendation of the Department of Social Services or the Division of Mental Health; or
- The loss or inability of the student's home as the result of a natural disaster; or
- The parent or legal guardian is one of the following:
  - On active military duty (not including periods of active duty for training for less than 30 days) and is deployed out of the local school administrative unit in which the student resides. (**Attach evidence of deployment**)



# Caswell County Schools, Educational Residency Affidavit

(Parent or Legal Guardian) G.S. §115C-366

- A member or veteran of the uniformed services and was severely injured and medically discharged or retired within the past year. The date of discharge/retirement was \_\_\_\_\_ . **(Attach evidence of medical discharge or retirement)**
  - A member of the uniformed services who died within the past year while on active duty or as a result of injuries sustained while on active duty. “Active duty” means full-time duty status in the active uniformed service of the U.S., including members of the National Guard and Reserve on active duty orders. The date of death was \_\_\_\_\_ . **(Attach evidence of parent/guardian’s death)**
4. The student(s) is/are not currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from the local school administrative unit; and
  5. This student’s claim of residency in the unit is not primarily related to attendance at a particular school within the unit; and
  6. The custodial adult has been given and accepts responsibility for educational decision for the student(s), including receiving notices of discipline under G.S. §115C-391, attending conferences with school personnel, granting permission for school-related activities, and taking appropriate action in connection with student records.
  7. The parent/guardian give, and the caregiver adult has accepted, responsibility and authority to make educational decisions for the student(s), including enrolling the student(s), receiving and responding to notices of discipline under G.S. §115C-391, attending conferences with school personnel, acting as “parent” in connection with all special education decisions, granting permission for school-related activities, granting permission for emergency medical care, taking appropriate action in connection with student records, and any other decisions or actions recommended or required by the school in connection with the student(s). This grant of authority is not applicable to parental involvement in special education decisions when (a) the child(ren)’s biological or adoptive parent or legal guardian agrees to continue to act as parent for the student with regard to special education decisions, and (b) the authority of such parent to make “educational decisions” has not been legally terminated.

### WARNING OF PENALTY

IF IT IS FOUND THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS FALSE, THEN THE LOCAL BOARD MAY, UNLESS THE STUDENT IS OTHERWISE ELIGIBLE FOR SCHOOL ATTENDANCE UNDER OTHER LAWS OR LOCAL BOARD POLICY, REMOVE THE STUDENT FROM THE SCHOOL. IF A STUDENT IS REMOVED FROM SCHOOL, THE BOARD SHALL PROVIDE AN OPPORTUNITY TO APPEAL THE REMOVAL UNDER THE APPROPRIATE POLICY OF THE LOCAL BOARD AND SHALL NOTIFY ANY PERSON WHO SIGNED THE AFFIDAVIT OF THIS OPPORTUNITY. IF IT IS FOUND THAT A PERSON WILLFULLY AND KNOW-INGLY PROVIDED FALSE INFORMATION IN THE AFFIDAVIT, THE MAKER OF THE AFFIDAVIT SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AND SHALL PAY TO THE LOCAL BOARD AN AMOUNT EQUAL TO THE COST OF EDUCATING THE STUDENT DURING THE PERIOD OF ENROLLMENT. REPAYMENTS SHALL NOT INCLUDE STATE FUNDS.

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

\_\_\_\_\_  
*Date*

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: \_\_\_\_\_