STATE OF NORTH CAROLINA

COUNTY OF HERTFORD Re: _____
(Student's Name)

AFFIDAVIT OF PARENT/LEGAL GUARDIAN

I state under oath that the following facts are true and correct:

1. My name is _____

2. My street address is _____

   My mailing address is _____

   My telephone number is _____(Home) _____(Work)

3. County student resides in _____

4. I am the [parent/legal guardian] **(circle one)** of the child listed above, and request that this child be admitted to Hertford County Public Schools.

5. Previously, the child was enrolled at _____
   (name of school)

   _____
   (address of school)

6. This child [is/is not] **(circle one)** currently under a term of suspension or expulsion from attendance at a private or public school.

7. This child [has not been/has been] **(circle one)** convicted of a felony.

8. I understand that if the information in this affidavit is false, the child may be removed from school.

ALL FIELDS MUST BE COMPLETED PRIOR TO SIGNATURE / NOTARY

_____
Parent or Guardian of Child

Sworn to and subscribed before me this _____ day of _____, 20_____.

_____
Notary Public

My commission expires: _____