

**Elizabeth City-Pasquotank Public Schools**  
**Notarized Enrollment Form**

Name of Student \_\_\_\_\_ School of Enrollment \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

**Certification of Custody:**

\_\_\_\_ I certify that I am the natural parent of the child named above.

\_\_\_\_ I certify that I am the guardian of this child by presenting custody papers from the court awarding custody. Custody papers will be maintained in the child's permanent record. Please indicate the following:

\_\_\_\_ Sole Custody

\_\_\_\_ Joint Custody (Please note if educational information is to be shared with BOTH legal guardians.)

\_\_\_\_ Other: \_\_\_\_\_

**Certification of Suspension/Expulsion Status:**

\_\_\_\_ I certify that the student named above is not under suspension or expulsion from attendance at a private or public school in this or any other state.

\_\_\_\_ I certify that the student named above is under a suspension or expulsion. (Please provide the information.)

\_\_\_\_ I certify that the student is/was previously assigned or referred to an alternative school setting.

Conduct for which student was suspended or expelled: \_\_\_\_\_

School system from which the student was suspended or expelled: \_\_\_\_\_

In the case of suspension, the date the suspension was to end: \_\_\_\_\_

**Certification of Felony Status:**

\_\_\_\_ I certify that the student named above has not been convicted of a felony.

\_\_\_\_ I certify that the student named above has been convicted of a felony. (Please provide the information below.)

The nature of the felony: \_\_\_\_\_

The place, date, and court file number of the felony: \_\_\_\_\_

**IMPORTANT LEGAL NOTICE: IF IT IS FOUND THAT A PERSON WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION OF THIS FORM, THAT PERSON SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AND SHALL BE REQUIRED TO REIMBURSE THE SCHOOL DISTRICT FOR THE COSTS OF EDUCATING THE STUDENT FOR THE TIME ENROLLED.**

Signature: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Printed Name: \_\_\_\_\_ This is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that

\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of

the foregoing instrument. Witnessed my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public signature)