Mr. Chad Daugherty
Superintendent

Dorchester
School
District Two
815 SOUTH MAIN STREET SUMMERVILLE, SC 29483 • (843) 873-2901 • FAX (843) 873-4053

Applicable for the Current School Year Only

RESIDENCY VERIFICATION/LEGAL RESIDENCE ASSESSMENT

STATE OF SOUTH CAROLINA)
)
COUNTY OF DORCHESTER)

AFFIDAVIT OF A STUDENT'S DOMICILE

PENALTIES FOR PROVIDING FALSE INFORMATION

This affidavit is made under penalty of perjury. I acknowledge that if I provide false information about where a student lives, I can be prosecuted for perjury.

Dorchester School District Two will prosecute individuals who have provided false information to the district.

Parent/ Guardian Initials _____

In addition, S.C. Code 59-63-32 states (emphasis added):

(D) If it is found that information contained in the affidavit is false, **the child must be removed from the school** after notice and an opportunity to appeal the removal pursuant to the appropriate district grievance policy.

(E) If it is found that a person willfully and knowingly has provided false information in the affidavit to enroll a child in a school district for which the child is not eligible, the maker of the false affidavit is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed two hundred dollars or imprisoned for not more than 30 days and must also be required to pay to the school district an amount equal to the cost to the district of educating the child during the period of enrollment. Repayment does not include funds paid by the state.

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1. I am _____ and it is my signature that appears below.
(Parent/Guardian Name)

2. I make this affidavit based upon my own personal knowledge, and if called upon, I believe I would be deemed competent to testify to the facts and beliefs set forth in this affidavit.

3. I am aware of the penalties to myself and to the student for providing false information in this affidavit.

4. I am an adult responsible for the care and well-being of the following student(s):
(List Student(s) and Current School)

_____ _____

_____ _____

_____ _____

5. I have signed this affidavit and the student(s) whom I am responsible for actually live at the following address: _____.

6. Under the penalty of perjury, I certify that, as the primary caregiver of my applicant child:
   a) the residence which is the subject of this application is my legal residence and my domicile, the place where I and the student(s) actually live at the time of this application and that I do not claim to be a legal resident of a jurisdiction other than Dorchester County, South Carolina for any other purposes; and
   b) That neither I nor any other member of my household is residing in or occupying any other residence which I, or any member of my immediate family, has qualified for legal residency.
7. I acknowledge that if a challenge is made to the truthfulness of the information I provided that additional information may be required of me.

_____ _____
Signature of | Parent/Guardian Printed Name of Parent/Guardian

SWORN to and subscribed before me this _____ day of _____ 20_____

_____
Notary Public for South Carolina

My commission expires: _____

HEAD OF HOUSEHOLD OTHER (OWNER/LESSOR)

I am the head of household/owner/lessor of _____ and
(Address)

(Name(s) of Students and School)

_____ _____

_____ _____

_____ _____

reside with me. Attached is a copy of our lease/property tax bill and current utility bill with service address.

_____ _____
Signature of |Head of Household (Owner/Lessor) Printed Name of Head of Household (Owner/Lessor)

SWORN to and subscribed before me this _____ day of _____ 20_____

_____
Notary Public for South Carolina

My commission expires: _____

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Required Documentation from Parent/Guardian (All items must have the address where the students are residing)

Must have 1 of the following:
Driver's License/South Carolina Identification Card or Vehicle Registration

AND Must also have 1 of the following:

Pay Stub (Must show employer's name, current pay period and the name and address of the parent/guardian)
Local, State, or Federal agency correspondence that reflects the name and address of the parent/guardian.
(Social Security, Medicaid, DSS, IRS, Food Stamps, Court Documents, etc.)

Required Documentation from Head of Household/Owner/Lessor:
Copy of the Lease or Current Property Tax Bill/Receipt – Property Tax Bill/Receipt may be printed from the Dorchester County website

AND

Copy of Current Utility Bill with Matching Service Address

_____ _____
Signature of School Administrator Date