

PERSONALLY appeared before me, _____, who
being duly sworn states:

1. I am an adult resident of Florence County School District Three, residing at _____.
2. The child, _____, has resided with me since _____.
The child's relation to me is _____.

Legal and/or Notarized documentation to support statement below:

3. The child is living with me and is qualified to attend school in this district because (Check one:)
☐ I have legal custody of the child (copy of custody papers required).
☐ I am the child's foster parent, licensed by the Department of Social Services.
☐ The child lives at _____, which is a facility licensed or operated by the Department of Social Services or the Department of Youth Services (circle one).
☐ The child's mother/father (circle one or both) is dead or seriously ill and unable to care for the child.
☐ The child's mother/father (circle one or both) is in jail or prison.
☐ The child's mother/father left the child with me. I have complete control of the child as shown by mother's/father's failure to provide substantial financial support and parental guidance. (**Notarized statement of parental release required.**)
☐ The child's mother/father (circle one or both) has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.
☐ The child is emancipated from the control of his/her mother or father.
4. The specific circumstances which led to this living arrangement are as follows:

5. The child's claim of residence is not primarily related to attendance at a particular school in this district.
6. As the adult resident of Florence County School District Three, I understand that by enrolling the child in this school district, I agree to certain duties, including but not limited to:
 1. Making sure that the child attends school regularly.
 2. Accepting notices about the child's behavior and taking part in any required meetings with school officials.
 3. Signing the child's report card.
 4. Signing permission slips for field trips and athletic activities.
 5. Cooperating with the district, parents or any surrogate parent if the child needs special education services.
 6. Informing the school district of the addresses of the parents, if known.
 7. Notifying the school if the child returns to his/her parent(s) or other person with legal custody.
7. I understand that I am signing this affidavit under penalty of perjury. I understand that I can be fined up to \$200 and/or imprisoned for up to 30 days if I do not tell the truth. I also understand that I may have to pay the district the cost of educating the child if I have not told the truth.*

Adult resident of school district

Witness

Sworn to Before me this _____ day of _____ 20____.

Notary Public for South Carolina

My Commission Expires _____.

Notary's Signature