

School Year _____

STATE OF SOUTH CAROLINA) AFFIDAVIT

COUNTY OF DORCHESTER)

****THE GUARDIANSHIP AFFIDAVIT MUST BE COMPLETED ANNUALLY.****

PERSONALLY appeared before me, _____ GUARDIAN'S NAME _____ swears:

1. I am an adult resident of Dorchester School District Four, residing at

ADDRESS

HOME/CELL PHONE

EMAIL ADDRESS

2. The child(ren), _____

has/have resided with me since _____.

3. Is there an existing court custody, social services, or child protective order pertaining to any student listed on this affidavit? YES / NO

If yes, we must receive a copy of the court order before proceeding. If it is found that any type of order exists and it was not disclosed, the permission to enroll, if granted, may be immediately rescinded.

4. The child resides with me as a result of one or more of the following reasons: (check as appropriate) Supporting documents may be required. See the supporting documents page.

- _____ a. the death, serious illness, or incarceration of a parent or legal guardian;
- _____ b. the relinquishment by a parent or legal guardian of the complete control of the child as evidence by the failure to provide substantial financial support and parental guidance;
- _____ c. the abuse or neglect by a parent or legal guardian;
- _____ d. the physical or mental condition of the parent or legal guardian is such that he/she cannot provide adequate care and supervision of the child;
- _____ e. the child's parent or legal guardian does not have a fixed, regular and adequate nighttime residence or has a nighttime residence that is a shelter or institution that provides temporary living accommodations;
- _____ f. the parent's or legal guardian's military deployment or call to active duty more than seventy miles from his residence for a period greater than sixty days; provided, however, that if the child's parent or legal guardian returns from such military deployment or active duty prior to the end of the school year, the child may finish that school year in the school he attends without charge even if the child resides in another school district for the remainder of the school year due to his parent or legal guardian returning home;

5. The specific circumstances which led to this living arrangement are as follows (must be a detailed explanation of what is checked in section #4):

[Redacted area]

6. The child's claim of residency in the district is not primarily related to attendance at a particular school within the district. **Initial** _____

7. I agree to accept responsibility for educational decisions for the child including, but not limited to, receiving notices of discipline; attending conferences with school staff; and granting permission for athletic activities, field trips, and other activities. I also agree that if the student should become truant, I am the responsible party to be contacted by the school district, law enforcement, and the Department of Social Services for court, if necessary. **Please initial to accept responsibility** _____

8. **I UNDERSTAND THAT IF IT IS FOUND THAT I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT TO ENROLL A CHILD IN A SCHOOL DISTRICT FOR WHICH THE CHILD IS NOT ELIGIBLE, I MAY BE FOUND GUILTY OF A MISDEMEANOR AND, UPON CONVICTION, MUST BE FINED AN AMOUNT NOT TO EXCEED TWO HUNDRED DOLLARS OR IMPRISONED FOR NOT MORE THAN THIRTY DAYS AND ALSO MUST BE REQUIRED TO PAY RICHLAND SCHOOL DISTRICT ONE AN AMOUNT EQUAL TO THE COST TO THE DISTRICT FOR EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT. REPAYMENT DOES NOT INCLUDE FUNDS PAID BY THE STATE.** **Initial** _____

9. I agree that if circumstances change and the student(s) listed in #2 will no longer reside with me at the aforementioned address that I will immediately notify the school district of this change of residence. **Initial** _____

10. I agree to provide two proofs of my residence to the school upon enrollment in the form of a lease or mortgage or recent contract of purchase or a paid property tax receipt on the home or vehicle **and** a current utility bill. **Initial** _____

Signature of Parent/Legal Guardian

Print Name

Date

****DO NOT SIGN UNTIL YOU ARE IN FRONT OF A NOTARY****

State of South Carolina / County of Dorchester

Sworn before me and subscribed in my presence this _____ day of _____, 20__.

Notary Public: _____

My Commission Expires _____

(SEAL)

State Statute Affidavit

Supporting Document Requirements

Section 4: Section 4 of the State Statute Affidavit provides reasons that someone other than the custodial parent(s) or legal guardian may enroll. The following will detail the supporting documents that must accompany the affidavit based on the caregiver's selection.

- A. The death, serious illness, or incarceration of a parent or legal guardian;
 - a. Must provide a death certificate, a statement from attending physician on letterhead, or proof of incarceration.
- B. The relinquishment by a parent or legal guardian of the complete control of the child as evidence by the failure to provide substantial financial support and parental guidance;
 - a. Must provide a notarized statement attesting to this fact from the custodial parent. Parent must disclose his/her address, contact information and a copy of his/her state-issued driver's license or ID.
- C. The abuse or neglect by a parent or legal guardian;
 - a. Must provide evidence that the abuse or neglect has been reported to the proper authorities. ~OR~
 - b. Also includes when the custodial parent cannot be found. According to DSS, this is a form of neglect and must be reported.
- D. The physical or mental condition of the parent or legal guardian is such that he/she cannot provide adequate care and supervision of the child;
 - a. Must provide a notarized statement attesting to this fact from the custodial parent. Parent must disclose his/her address, contact information and a copy of his/her state-issued driver's license or ID. ~OR~
 - b. Physician's statement on letterhead with contact information attesting to the custodial parent not having the physical/mental condition to provide adequate care and supervision of the child.
- E. The child's parent or legal guardian does not have a fixed, regular and adequate nighttime residence or has a nighttime residence that is a shelter or institution that provides temporary living accommodations;
 - a. Must provide a notarized statement attesting to this fact from the custodial parent. Parent must disclose his/her address, contact information and a copy of his/her state-issued driver's license or ID. ~OR~
 - b. Written verification from the shelter or institution on letterhead.
- F. The parent's or legal guardian's military deployment or call to active duty more than seventy miles from his/her residence for a period greater than sixty days; provided,



Dorchester Four
Student Services' Department

500 Ridge Street • St. George, SC 29477
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however, that if the child's parent or legal guardian returns from such military deployment or active duty prior to the end of the school year, the child may finish that school year in the school he/she attends without charge even if the child resides in another school district for the remainder of the school year due to his parent or legal guardian returning home;

- a. Must provide a copy of the complete military orders ~AND~
- b. Military Power of Attorney

I, _____, am the sole, physical caregiver of the following student(s) due to the custodial parent/legal guardian not being able to care for the student due to the reason selected on page 1 of the Guardianship Affidavit:

The above-named student(s) has/have resided with me since _____, and I solely provide food, clothing, housing, medical, and other necessities for the student(s). My relationship to the student is _____.

I understand that documents provided for the purpose of applying for educational rights can be requested and provided to a judicial court, state or government agency, or another school district. Initial _____

_____ I am aware of the parent/legal guardian's whereabouts.

Parent/Legal guardian's information:

Name: _____ Phone Number: _____

Address: _____

_____ I am not aware of the parent/legal guardian's whereabouts.

Parent's/Legal Guardian's Signature: _____ Date: _____

State of South Carolina / County of Dorchester

Sworn before me and subscribed in my presence this _____ day of _____, 20 _____

Notary Public: _____

My Commission Expires: _____ (SEAL)