

Enrollment Information for Parents

Please note: To start the enrollment process a parent of legal guardian must be present and two proof of residency documents must be provided.

For School Checklist See Board Policy/Refer to Policy AR JFAA/JFAB

Admission of Resident and Non Resident Students

Please bring the following information with you to enroll the student at the District Office:

- **Photo ID** from any state or country
- **Two current “proof of residency” documents** (all must contain property address)

These can be a combination of:

- Current bills – electric, gas, water, cable
- Current mortgage statement, current signed lease agreement with landlord’s name and phone number, or current property tax bill

Please bring the following information with you to enroll the student at the School:

- **State Birth Certificate**
- **Social Security Card**
- **Immunization Record**
- Completed **Student Registration Form** (available from school)
- **Withdrawal or Transfer Form** from your previous school, along with most recent report card or transcript, including attendance, and discipline.
- If applicable, the following will be needed:
 - IEP or 504 Plan, if student receives any special accommodations
 - Court-ordered guardianship document

Once enrollment has been initiated, you will be required to fill out other forms such as Student Emergency Information, Transportation Status, and Internet Permission Form. Enrollments involving unusual circumstances with residency or custody may require additional information and forms. Original documents are required at time of enrollment; photocopies and partial pages may be unacceptable. Such cases are referred to the Office of Student Services.

Office of Student Services

Dorchester County School District Four
500 Ridge Street
St. George, SC 29477



Residency Declaration Affidavit
Parent/Legal Guardian

Residency Declaration Affidavit

(To be completed by Parent of Legal Guardian)

I, _____, certify that I am the custodial parent/legal guardian
of _____
(student's name, school & grade level)

And that I have established my permanent or temporary residence at _____
_____.

I also agree that if I move, I will notify Dorchester School District Four within (10) business days of my new residence information.

I understand that Dorchester School District Four will investigate and/or act upon all reports of alleged falsified documentation used as proof of residence. The district will further initiate random checks to verify addresses throughout the school year. Should any information presented by the parent/legal guardian or the district resident prove to be false, the student will be immediately withdrawn from the school district, charges may be filed for a false affidavit against the adults involved, and educational costs may have to be repaid to the district. However, federal privacy laws prohibit disclosures of actions taken by the district and therefore will not be reported to the general public, or to those providing reports of false information. Members of the community, who have questions or concerns about tax registrations of local residents, should direct their concerns to the appropriate county auditor's office.

I confirm that all of the information herein is true and accurate.

Date

Signature of Parent/Guardian

Phone Number

Date

Signature of Parent/Guardian

Phone Number

State of South Carolina
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____ (Seal)

Notary Public



My Commission Expires _____

Residency Declaration Affidavit
Property/Lessee Owner

Residency Declaration Affidavit
(To be completed by Parent of Legal Guardian)

I, _____, certify that I am the owner of the residence/apartment located at _____.

I further certify that _____ has established permanent or temporary residence in the aforementioned residence/apartment and, to the best of my knowledge, is not maintaining a separate residence elsewhere. The following children and adults live in my household:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

All Adults in Household

All Children in Household

I understand that Dorchester School District Four will investigate and/or act upon all reports of alleged falsified documentation used as proof of residence. The district will further initiate random checks to verify addresses throughout the school year. Should any information presented by the parent/legal guardian or the district resident prove to be false, the student will be immediately withdrawn from the school district, charges may be filed for a false affidavit against the adults involved, and educational costs may have to be repaid to the district. However, federal privacy laws prohibit disclosures of actions taken by the district and therefore will not be reported to the general public, or to those providing reports of false information. Members of the community, who have questions or concerns about tax registrations of local residents, should direct their concerns to the appropriate county auditor's office.

I confirm that all of the information herein is true and accurate.

Date

Signature of Property/Lessee Owner

Phone Number

State of South Carolina
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____ (Seal)



Notary Public
My Commission Expires _____

State of South Carolina }
County of Dorchester }

GUARDIANSHIP AFFIDAVIT

1. My name is _____.

I reside at _____ and receive mail at

_____.

Telephone Number (home) _____, (work) _____

2. The child, _____,

has lived with me since _____.

The child's relation to me is _____.

3. The child is living with me and is qualified to attend school in the district because (check one):

- I have legal custody of the child (copy of custody paperwork 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 South Carolina Department of Social Services or the South Carolina Department of Juvenile Justice (circle one).
- The child's mother/father (circle one or both) is dead or seriously ill and unable to care for the child or is in jail or prison. (Explain)

- The child's mother/father (circle one or both) 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.
- The child was being abused or neglected by a parent or legal guardian. (*Note: The school is required by law to report suspended child abuse or neglect*).
- 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 and father.

 - The child's family does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.
 - A parent/legal guardian's military deployment or call to duty more than 70 miles from his/her residence for a period greater than 60 days.
4. The child's claim of residency is not primarily related to attendance at a particular school in this district.
5. I understand that by enrolling the child in this school district, I agree to certain duties, including but not limited to, the following:
- Making sure that the child attends school regularly
 - Accepting notices about the child's behavior and taking part in any required meetings with school officials
 - Signing the child's report card
 - Signing permission slips for field trips and athletic activities
 - Cooperating with the district, parents or any surrogate parent if the child needs special education services
 - Informing the school district of the addresses of the parents, if known
 - Notifying the school if the child returns to his/her parent(s) or other person with legal custody
6. **I understand that I am signing this affidavit under penalty of perjury. I understand that I can be fined up to \$200 and/or sent to jail 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.***

Signature of Legal Guardian

State of South Carolina
County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, _____.
(Seal)

Notary Public
My Commission Expires _____



**If it is found that information contained in this affidavit is false, the must be removed from school. The district will give notice of an opportunity to appeal the removal in accordance with the appropriate district grievance policy.*