

OFFICE USE ONLY

COMPLETED FORM APPROVED BY SCHOOL OFFICIAL

DATE: _____ SIGNED: _____

State of South Carolina }
County of Anderson }

**AFFIDAVIT of CUSTODY
NON-PARENT**

SC CODE OF LAWS 59-63-31

1. Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

My mail comes to: _____

Telephone numbers: (home) _____ (work) _____ (cell) _____

2. Child's full Legal Name: _____

Child has lived with me since: _____ Child's Birth Date: _____

Child's relationship to me: _____

District Two School child will be attending: _____

3. The child is living with me and is qualified to attend school in this district because:
(please (✓) check where applicable)

___ *Due to changes in living arrangements, the child is now living with **mother** / **father** (circle one).*

___ *I have been **awarded custody** of the above-named child by a court of competent jurisdiction.*

___ *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 Juvenile Justice.***

___ *The child's mother or father is **deceased**, unable to care for the child due to **serious illness**, or is **incarcerated**.
(please specify) _____*

___ *The child's mother / father (circle one or both) relinquished complete control of the child as evidenced by the **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 suspected 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 of the child.*

___ *The mother / father has been **deployed or called to active duty through the military** more than 70 miles from the residence for a period greater than 60 days. (please attach deployment orders)*

___ *The child is **emancipated** and lives in the school district.*

___ *The **child is homeless** or is **the child of a homeless parent or legal guardian** or resides in **an emergency shelter** in the school district.*

Anderson County School District Two

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 have not told the truth on this form. I also understand that I may have to pay the district the cost of educating the child if I have falsified any part of this information. (S.C. Code of Laws: Section 59-63-32)

PRINTED NAME	SIGNATURE	RELATIONSHIP TO STUDENT
PRINTED NAME	SIGNATURE	RELATIONSHIP TO STUDENT

NOTARY: Please check ID's prior to signing this form.

Sworn and subscribed before me this
 _____ day of _____, 20____

 (Notary Public)
 My commission expires _____

FOR OFFICE USE ONLY: _____

If it is found that information contained in this affidavit is false, the child 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.