

Educational Residency
AFFIDAVIT
(Caregiver Adult)



G.S. 115C-366

(Please **PRINT**)

1. The child, _____ (full name), has lived with me since _____ The child's relation to me is _____

The child's current school is _____ Grade level for 2021-22 _____

The child's **ETHNICITY:** (Must select one)

Hispanic/Latino Not Hispanic/Latino

The child's **RACE:** (Must select **at least one**)

Black or African American Asian White

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

The child's date of birth _____ The child's age _____ The child's sex _____

Email Address _____

2. My name is _____

I live at _____ City _____ Zip

I get my mail at _____

My telephone number is _____ (home) _____ (work)

3. The child is now living with me and is qualified to attend school in Guilford County because (**check one for each parent**):

Mother Father

The parent or legal guardian of the child is dead / seriously ill / incarcerated. (**circle one**)

The parent or legal guardian of the child has abandoned complete control of the child, as shown by the parent or legal guardian's failure to provide substantial financial support and parental guidance to the child.

The parent or legal guardian of the child has abused or neglected the child.

The parent or legal guardian of the child is unable to provide adequate care and supervision to the child because of the parent or legal guardian's physical or mental condition.

The parent or legal guardian has relinquished physical custody and control of the child upon the recommendation of the Department of Social Services or the Division of Mental Health. (In this case, written recommendation by the appropriate agency should accompany this affidavit.)

The parent or legal guardian is on active military duty and is deployed out of the local school administrative unit in which the student resides. (For purposes of this affidavit, the term "active duty" does not include periods of active duty for training for less than 30 days. Assignment under this section is only available if some evidence of the deployment is submitted with this affidavit.)

The child's previous home was destroyed or made uninhabitable by natural disaster.

4. The child is not currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or expulsion from the Guilford County Schools.

5. The child's claim of residency is not primarily related to attendance at a particular school within Guilford County.
6. I have been given and accept responsibility for making educational decisions for and about the child, including receiving and responding to notices of discipline, authorizing permission in athletics, field trips, and other educational and extracurricular programs and activities, attending conferences with school personnel, making placement and other educational decisions related to special education services granting permission for emergency medical care, granting permission for school-related activities and taking appropriate action in connection with student records.
7. This affidavit is valid when presented with the companion affidavit from the parent or legal guardian of the child. In the absence of the aforementioned affidavit, I am stating that the child's parent is **unwilling / unable / unavailable (circle one)** to sign an affidavit attesting to the facts stated herein.
8. I understand that this affidavit pertains to the child's placement in Guilford County Schools only for the 2021-2022 school year and that new affidavits must be submitted on a yearly basis.
9. I understand that if the information in this affidavit is false, the child may be removed from the school. The district will give notice of an opportunity to appeal the removal in accordance with the district policy. **I UNDERSTAND THAT IF I HAVE PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE FOUND GUILTY OF A CLASS 1 MISDEMEANOR AND MAY HAVE TO PAY THE GUILFORD COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT.**

Adult Domiciliary (Resident) of Guilford County

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, A Notary Public of the County and State aforesaid, certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing instrument.

WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

Notary Public

[Notary Seal]

My Commission Expires: _____

**Please deliver or mail affidavit to:
Student Assignment Office
120 Franklin Boulevard
Greensboro, NC 27401**

For GCS Office Use Only:

_____ Parent/Guardian affidavit received

School Assignment _____

Date Approved _____

Approved by Director of Student Assignment _____

In compliance with federal laws, Guilford County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law. Refer to the Board of Education's Discrimination Free Environment Policy AC for a complete statement. Inquiries or complaints should be directed to 120 Franklin Boulevard, Greensboro, NC 27401.