Charleston County SCHOOL DISTRICT excellence is our standard

RESIDENCY VERIFICATION/LEGAL RESIDENCE ASSESSMENT

STATE OF SOUTH CAROLINA)
) **AFFIDAVIT OF A STUDENT'S DOMICILE**
COUNTY OF CHARLESTON)

PENALTIES FOR PROVIDING FALSE INFORMATION

This affidavit is made under penalty of perjury. I acknowledge that if I provide false information about where a student lives, I can be prosecuted for perjury.

In addition, S.C. Code 59-63-32 states (emphasis added):

(D) If it is found that information contained in the affidavit is false, **the child must be removed from the school** after notice and an opportunity to appeal the removal pursuant to the appropriate district grievance policy.

(E) If it is found that a person willfully and knowingly has provided false information in the affidavit to enroll a child in a school district for which the child is not eligible, the maker of the false affidavit is guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed two hundred dollars or imprisoned for not more than 30 days and must also be required to pay to the school district an amount equal to the cost to the district of educating the child during the period of enrollment. Repayment does not include funds paid by the state.

****

1. I am _____PARENT/GUARDIAN and it is my signature that appears below.
(Parent Name)

I am _____PARENT/GUARDIAN and it is my signature that appears below.
(Parent Name)

2. I make this affidavit based upon my own personal knowledge, and if called upon, I believe I would be deemed competent to testify to the facts and beliefs set forth in this affidavit.

3. I am aware of the penalties to myself and to the student for providing false information in this affidavit.

4. I am an adult responsible for the care and well being of the following student(s):

_____

5. As of the date I have signed this affidavit that student for whom I am responsible actually lives at the following address: _____

Note: This form will NOT be accepted if it is altered from its original content and/or format.

6. Under penalty of perjury, I certify that, as primary caregiver of my applicant child:

   (a) the residence which is the subject of this application is my legal residence and my domicile, the place where I and the student actually live at the time of this application and that I do not claim to be a legal resident of a jurisdiction other than Charleston County, South Carolina for any other purposes; and

   (b) that neither I nor any other member of my household (that is: the owner-occupants or lessor-occupant's spouse, except when that spouse is legally separated from the owner/lessor occupant and any child of the owner/lessor-occupant claimed or eligible to be claimed as a dependent on the owner/lessor-occupant's federal income tax return) is residing in or occupying any other residence which I, or any member of my immediate family, has qualified for legal residency.

7. I acknowledge that if a challenge is made to the truthfulness of information I provide that additional Information may be required of me.

8. Further, affiant sayeth not,

_____ _____

Signature of affiant Printed name of affiant

_____ _____

Signature of affiant Printed name of affiant

SWORN to and subscribed before me this_____day of _____ 20_____

_____

Notary Public for South Carolina
My commission expires: _____

HEAD OF HOUSEHOLD OTHER THAN PARENT/GUARDIAN

I am the head of household/lessor of_____and
(Address)

_____

Name(s) of Students

reside with me. Attached is a copy of our lease or property tax bill. Also, attached is a copy of our documents from Category B and Category C.

_____

Print Name and Sign

_____

Relationship

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