



## NON-PARENTAL ENROLLMENT AFFIDAVIT

*(For students living within the Moore County Schools administrative unit in the home of an adult caregiver who is not the student's parent or legal guardian. To be completed by the adult caregiver.)*

The student named \_\_\_\_\_ is living  
with me \_\_\_\_\_ in the absence of a parent or legal guardian at the following residence:  
(Name of adult caregiver with whom the student is living)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I.** Reason the student is living with the above-named adult (check one)

- \_\_\_\_\_ A. The death, serious illness, or incarceration of the parent(s) or legal guardian(s). (Attach documentation)
- \_\_\_\_\_ Death certificate.
- \_\_\_\_\_ Statement from doctor or care facility regarding nature, onset, and duration of illness, date last examined, and ability of parent or legal guardian to care for child
- \_\_\_\_\_ Documentation of incarceration and the duration.
- \_\_\_\_\_ B. The abandonment by the parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance. (Documentation may be required)
- \_\_\_\_\_ C. Abuse or neglect by the parent or legal guardian. (Attach documentation).
- \_\_\_\_\_ Statement from Child Protective Services, law enforcement, etc., documenting reported abuse or neglect.
- \_\_\_\_\_ D. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student. (Attach documentation).
- \_\_\_\_\_ Statement from doctor or care facility regarding nature, onset, and duration of illness, date last examined, and inability of parent or legal guardian to care for student.
- \_\_\_\_\_ E. Physical custody and control of the student has been relinquished by the parent or legal guardian upon the recommendation of the department of social services or the Division of Mental Health. (Attach documentation).
- \_\_\_\_\_ F. The loss or uninhabitability of the student's home as the result of a natural disaster. (Documentation may be required)
- \_\_\_\_\_ G. The deployment of the parent or legal guardian on active military duty, not including periods of less than 30 days for training. (Attach documentation)
- \_\_\_\_\_ Official travel orders or other documentation of parent or legal guardian's deployment on active military duty.
- \_\_\_\_\_ H. The parent or legal guardian died while on active military duty or was severely injured and medically discharged or retired from the active military duty within the past year. Enrollment is valid for only one year after death or medical discharge or retirement. (Attach documentation).
- \_\_\_\_\_ Official documentation of death, severe injury, and/or medical discharge or retirement.

**II.** I attest that this request to attend the Moore County Schools is not primarily related to attendance at a particular school.

**III.** I certify that one of the following is true (check one):

\_\_\_\_\_ I attest that the student named above is neither under a long-term suspension or expulsion from his/her most recent school nor

currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

\_\_\_\_\_ The student named above is under a long-term suspension or expulsion from his/her most recent school and is identified as eligible for special education and related services under the Individuals with Disabilities Education Improvement Act, 20 U.S.C. §1400 *et seq.* (Attach documentation).

\_\_\_\_\_ DEC 3/Eligibility Determination form or other evidence of current eligibility for special education and related services.

IV. I further attest that I have been given and have accepted the responsibility to make educational decisions for this child, including but not limited to receiving report cards, notices of discipline, and other education records; attending conferences with school personnel; participating in IEP meetings and making appropriate decisions regarding special education services; granting permission for field trips and other school-related activities, and taking all appropriate actions in connection with education records.

V. By signing this affidavit, I certify that I have been notified of my right to appeal to the Superintendent any decision to remove the student named in this affidavit from school due to ineligibility to enroll.

VI. Check one:

\_\_\_\_\_ I have attached a signed and notarized **PARENTAL AFFIDAVIT OF RESIDENCE**.

\_\_\_\_\_ The parent or legal guardian is unable, refuses, or is otherwise unavailable to sign the **PARENTAL AFFIDAVIT OF RESIDENCE**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

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**YOU MUST SIGN, NOTARIZE, AND RETURN THIS FORM TO  
THE C : : =79: CF 'GHI 89BH'GI DDCF H'G9F J =79G 5H  
A 7G 79BHF 5@C: : =79**

**IMPORTANT LEGAL NOTICE: IF IT IS FOUND THAT A PERSON WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION ON THIS AFFIDAVIT, THAT PERSON SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AND SHALL BE REQUIRED TO REIMBURSE THE SCHOOL DISTRICT FOR THE COSTS OF EDUCATING THE STUDENT FOR THE TIME ENROLLED.**

\_\_\_\_\_  
(Signature of adult caregiver with whom student is living)

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State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of  
the foregoing instrument. Witnessed my hand and official seal, this the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

(Office Use Only)

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Office for Student Support Services

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised April 2017