



PARENTAL ENROLLMENT AFFIDAVIT

(For students living in 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 student's parent or legal guardian.)

The student named: _____ is living with:

Name: _____ at the following address:

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 given to the caregiver(s) listed below and the caregiver(s) has/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 decisions and taking appropriate actions in regards to special education services; granting permission for field trips and other school-related activities, and taking all appropriate action 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.

Name of Caregiver(s): _____

Parent Signature: _____ Date: _____

Parent Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

**YOU MUST SIGN, NOTARIZE, AND RETURN THIS FORM TO
THE OFFICE FOR STUDENT SUPPORT SERVICES AT
MCS CENTRAL OFFICE**

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 parent or legal guardian)

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

Signature _____ Date _____
Office for Student Support Services

REVISED: April 2017