

REVISED AFFIDAVIT

State of South Carolina)
County of Oconee)

PERSONALLY appeared before me, _____, who first being duly sworn states the following.

1. That I am an adult resident of Oconee County who resides at _____
_____.
2. The minor child, _____, has resided with me since _____
_____.
3. The child's relation to me is _____.
4. The child resides with me as a result of one of the following.
 - a. the death, serious illness or incarceration of a parent/legal guardian
 - b. the relinquishment by a parent/legal guardian of the complete control of the child as evidenced by the failure to provide substantial financial support and parental guidance
 - c. abuse or neglect by a parent/legal guardian
 - d. the physical or mental condition of a parent/legal guardian is such that he/she cannot provide adequate care and supervision of the child
 - e. the child or the child's parent/legal guardian does not have a fixed, regular and adequate nighttime residence nor is the parent/legal guardian living in a nighttime residence that is a shelter or institution that provides temporary or emergency living accommodations
5. The specific circumstances which led to this living arrangement are as follows. _____

_____.
6. The child's claim of residency in the Oconee School District is not primarily related to attendance at a particular school within that district.
7. I agree to accept responsibility for educational decisions for the child, including, but not limited to, receiving notices of discipline, attending conferences with school staff, and granting permission for athletic activities, school field trips, and other school-related activities.
8. I understand that if it is discovered that I have willfully and knowingly provided false information in this affidavit in order to enroll a child in a school district in which the child is not otherwise eligible to attend, I may be found guilty of a misdemeanor, and, upon conviction, be fined in an amount not to exceed two hundred dollars (\$200) or imprisoned for not more than thirty days. I furthermore understand that if convicted of providing false information, I must pay to the school district an amount of money equal to the cost to the school district for educating the child during the period of his or her enrollment.

Signature of adult resident of district

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

District office approval

(Notary public for state of SC)

My commission expires _____

School District of Oconee County