***AFFIDAVIT OF RESIDENCE***

**Affidavits for the upcoming school year will not be accepted until July 01.**

(Affidavits must be complete with ALL documentation prior to submission to the Office of School Administration)

Student(s) Full Name(s) and Grade(s):

Parent/Legal Guardian Name: Signature:

Parent/Legal Guardian Phone and Email:

Resident Provider Full Name: Signature:

Residency Address:

City, State, Zip Code:

School(s) Assigned to Residency Address:

***The following must be included with the affidavit of residence prior to receiving enrollment approval:***

* **Two (2) current utility bills in the resident provider’s name (energy, water, natural gas, mortgage, signed lease)**
* **One (1) current statement/bill in the parent/legal guardian’s name at the address of the residence.**
* **A valid picture ID from the parent/legal guardian and resident provider, both listing the address of the residence.**
* **Parent/legal guardian must provide the child’s birth certificate or other accepted alternative proof of guardianship.**

Date

Parent/Legal Guardian Signature

***I attest that the information contained in this document is true and accurate and I understand that if school officials determine that I have misrepresented any material information in this Affidavit of Residence form, this school assignment will be revoked and my child will be immediately assigned to his/her correct school. I understand that I must contact the school if my residence changes, providing documentation of the change in domicile within 15 days of the move occurring.***

I verify that I understand that the school system reserves the right to make an unannounced home visit if necessary to verify the information that I have submitted.

I verify that any information/documentation I have provided in support of this information is true and accurate.

I verify that the information contained on this *Affidavit of Residence* form is true and accurate.

**TO BE COMPLETED BY PARENT/LEGAL GUARDIAN IN THE PRESENCE OF A PUBLIC NOTARY**

Initial Below:

State of North Carolina, County of I, , a Notary Public for said County and State, do hereby certify

TO BE COMPLETED BY A NOTARY PUBLIC

that (*parent*) and (*resident provider*) personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witnessed my hand and seal this day of , . Signature of Notary My Commission Expires \_

***Revised February 2022***