

NON-PARENTAL ENROLLMENT AFFIDAVIT

(For students living within the Perquimans 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 parent or legal guardian is on active military duty, and military orders prevent the parent or legal guardian from physically residing with the student, not including periods of less than 30 days for training. (**Attach documentation**)
- _____ Signed letter from the commanding officer indicating the time period that such military orders will be in effect.
- _____ 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 Perquimans County Schools is not primarily related to attendance at a particular school.

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

IV. _____ I certify that the student named above **is not** currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from the local school administrative unit.

_____ The student named above is currently under a term of suspension or expulsion from a school for conduct that could have led to a suspension or an expulsion from the local school administrative unit **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 of DEC 3/Eligibility Determination from or other evidence of current eligibility for special education and related services.

V. 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.

VI. 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.

VII. 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: _____

Signature: _____ Date: _____

**YOU MUST SIGN, NOTARIZE, AND RETURN THIS FORM TO:
PERQUIMANS COUNTY SCHOOLS DISTRICT OFFICE– 411 S. Edenton Road St. – Hertford, NC**

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)

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)

REVISED: September
2022