

STATE OF SOUTH CAROLINA }
COUNTY OF DORCHESTER }

GUARDIANSHIP AFFIDAVIT
(Must Provide Appropriate Documentation)

Applicable for the Current
School Year Only

Dorchester School District Two will prosecute individuals who provide false information to the district.

PERSONALLY appeared before me _____, who being duly sworn, deposes and says that:

1. I am an adult resident of Dorchester School District Two, residing at

(Street Address) (City, State, Zip code)

2. _____ Age _____ Grade _____
(Child's Name)

resides with me at my place of residence and will attend _____
(School)

3. The child is residing with me as a result of the following reasons: (check as appropriate)

- _____ A. the death, serious (physical or mental) illness, or incarceration of mother/father or legal guardian.
(You will need to provide a copy of Obituary/Death Certificate or other appropriate documentation)
- _____ B. the relinquishment by mother/father or legal guardian of complete control of the child as evidenced by the failure to provide substantial financial support and parental guidance.
(You will need to provide a copy of a Power of Attorney/Notarized Statement signed by the mother/father or legal guardian)
- _____ C. the mother/father or legal guardian cannot provide adequate care and supervision for the child as documented by a social service agency.
(You will need to provide a statement from a DSS Caseworker or other documents verifying this situation)
- _____ D. the absence of mother/father or legal guardian as evidenced by military orders or Power of Attorney.
(You will need to provide a copy of the Military Orders/Power of Attorney)
- _____ E. the mother/father or legal guardian does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.

4. I accept the responsibility for making such educational decisions concerning _____
(Child's Name))

including, but not limited to, receiving notices of discipline; attending conferences with school staff; and granting permission for athletic activities, field trips and other activities as may be required by applicable policy and practice.

I understand that if I have willfully and knowingly provided false information in this affidavit to enroll a child in a school district for which the child is not eligible, I am guilty of a misdemeanor and, upon conviction, must be fined an amount not to exceed two hundred dollars or imprisonment for not more than thirty days and also must be required to pay the school district an amount equal to the cost to the district of educating the child during the period of enrollment. Repayment does not include funds paid by the State. Dorchester School District Two will prosecute individuals who provide false information to the district.

Signature of Responsible Adult

Parent/
Guardian
Initials

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: _____

PLEASE ATTACH A NOTARIZED STATEMENT AS TO THE REASON(S) THE STUDENT MUST LIVE WITH YOU.