

STATE OF SOUTH CAROLINA)
)
COUNTY OF HORRY)

AFFIDAVIT PER SECTION 59-63-32(B)
OF THE CODE OF LAWS OF SOUTH
CAROLINA, 1976, AS AMENDED

PERSONALLY appeared before me, the undersigned, who being first duly sworn, deposes and says:

1. That I am a legal resident of _____ attendance area.
2. _____, a minor under the age of eighteen (18) years, resides with me at my place of residence located at _____, _____, SC _____.
3. _____, resides with me as a result of one or more of the following reasons:

(Check as appropriate):

- _____ (a) the death, serious illness, or incarceration of the said child's parent or legal guardian;
- _____ (b) the relinquishment by the child's parent or legal guardian of the complete control of said child as evidenced by the failure to provide substantial financial support and parental guidance;
- _____ (c) abuse or neglected by the child's parent or legal guardian;
- _____ (d) the physical or mental condition of the child's parent or legal guardian is such that he/she cannot provide adequate care and supervision of the child;
- _____ (e) the homelessness, as that term is defined by Public Law 100-77, of child's parent or legal guardian.
- _____ (f) Other: _____

4. That the child's claim of residency in the district is not primarily related to attendance at a particular school within the district and that I may be required to provide proof for the reason(s) checked above.
5. That I hereby accept full responsibility for the educational decisions for the child and for his/her health, behavior and well-being. Should there be any problems while the child is attending _____ School. I will assume total responsibility as his/her guardian and act in his/her best interest.
6. THAT I UNDERSTAND, IF I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I AM GUILTY OF A MISDEMEANOR AND UPON CONVICTION MUST BE FINED AN AMOUNT NOT TO EXCEED TWO THOUSAND DOLLARS OR IMPROSONED FOR NOT MORE THAN THIRTY DAYS AND ALSO MUST BE REQUIRED TO PAY TO HORRY COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST TO THE DISTRICT OF EDUCATING THE STUDENT DURING THE PERIOD OF ENROLLMENT. REPAYMENT DOES NOT INCLUDE FUNDS PAID BY THE STATE.

WITNESS

RESPONSIBLE PARTY

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

(L.S.)
Notary Public for South Carolina
My Commission Expires: _____