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Tradition. Excellence. Innovation.

Date \_\_\_\_\_

State of South Carolina  
County of Spartanburg  
Spartanburg School Dist. 7

- Approved 2022-2023 school year
- Copy to person making request
- School Copy
- District Office Copy

### AFFIDAVIT

1. My name **(Adult Resident of School District)** \_\_\_\_\_

I live at \_\_\_\_\_

2. Contact number (parent) \_\_\_\_\_ Work \_\_\_\_\_

3. The child, \_\_\_\_\_, has lived with Resident since \_\_\_\_\_

The child's relation to Resident is \_\_\_\_\_

4. Grade \_\_\_\_\_ School \_\_\_\_\_

5. The child resides with me and is qualified to attend school in this district because (check one):

- I have legal custody of the child (copy of custody papers required).
- I am the child's foster parent, licensed by the Department of Social Services.
- The child lives at \_\_\_\_\_, which is a facility licensed or operated by the Department of Social Services or the Department of Youth Services (circle one).
- The child's mother/father (circle one or both) is deceased, seriously ill, or incarcerated and unable to care for the child or is in jail or prison (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The child's mother/father (circle one or both) left the child in my care. I have complete control of the child as shown by mother's/father's failure to provide substantial financial support and parental guidance.
- The child was being abused or neglected by a parent/legal guardian. **(The school is required by law to report suspected child abuse or neglect.)**
- The child's mother/father (circle one or both) has a physical or mental condition which prevents him/her from providing adequate care or supervision for the child.
- The child is emancipated from the control of his/her mother and father.
- The child's family does not have a fixed and regular residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations.

6. The child's claim of residency is not primarily related to attendance at a particular school in this district.

7. I understand that by enrolling the child in this school district, I agree to certain duties including, but not limited to, the following.

- Making sure that the child attends school regularly.
- Accepting notices about the child's behavior and taking part in any required meeting with school officials.
- Signing the child's report card.
- Signing permission slips for field trips and school activities.
- Cooperating with the district, parents or any surrogate parent if the child needs special education services.
- Informing the school district of the addresses of parents, if known.
- Notifying the school if the child returns to his/her parent(s) or other person with legal custody.
- Accepting responsibility for costs associated with attendance, damage to school property or health care.

8. I understand that I am signing this affidavit under penalty of perjury. I understand that I can be fined up to **\$200** and/or sent to jail for up to 30 days if I am dishonest. I also understand that I may have to pay the district the cost of educating the child if I have been dishonest. \*

\_\_\_\_\_  
**Adult resident of school district**

\_\_\_\_\_  
**Parent (If Applicable)**

\_\_\_\_\_  
**Date**

**\*If it is found that information contained in this affidavit is false, the child must be removed from school after notice of an opportunity to appeal the removal pursuant to the appropriate district grievance policy. This form must be completed annually.**

**Notary:**

SWORN TO Before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_(L.S.)

Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_

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**District Office Use Only**

\_\_\_\_\_  
 Superintendent or Designee

\_\_\_\_\_  
 Date



**Proof of ID**



**Proof of Utility**



**Proof of Residency**

**This affidavit is valid for the \_\_\_\_\_ school year unless stated differently below:**

**Initial**

**Renewal**

**Temporary - Day(s) \_\_\_\_\_**