

**BEAUFORT COUNTY SCHOOLS  
NON-PARENTAL ENROLLMENT AFFIDAVIT**

*(For students living in the Beaufort 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 address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_, NC 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 duration
  
- \_\_\_ B. The abandonment of 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. (Attach documentation)

**NOTICE: N.C.G.S. 7B-101 REQUIRES THE SCHOOL DISTRICT TO REPORT SUSPECTED CHILD ABANDONMENT TO THE DEPARTMENT OF SOCIAL SERVICES.**
  
- \_\_\_ C. Abuse or neglect by the parent or legal guardian. (Attach documentation)
  - Statement from Child Protective Services, law enforcement, etc., documenting 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 ability of parent or legal guardian to care for child.
  
- \_\_\_ 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.
  - PCP (Personal Care Plan) recommending placement.
  - Statement from DSS or DMH recommending placement.
  
- \_\_\_ F. The loss or uninhabitability of the student's home as the result of a natural disaster. (Attach documentation)
  - Statement from FEMA or landlord documenting loss of housing.
  
- \_\_\_ G. The parent or legal guardian is on active military duty (not including periods of less than 30 days for training), and the parent or legal guardian's military orders prevent the parent or legal guardian from physically residing with the student. (Attach Documentation)
  - Signed letter from commanding officer stating that the parent or legal guardian's military orders prevent the parent or legal guardian from physically residing with the student, and indicating the time period that such 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 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 Beaufort County Schools is not primarily related to attendance at a particular school.

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

I attest that the student named above is neither under a long-term suspension or expulsion from his/her most recent school nor currently subject to a recommendation for long-term suspension or expulsion from his/her most recent school.

I attest the student named above IS under a long-term suspension or expulsion from his or her most recent school 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)

DEC 3/Eligibility Determination form or other evidence of current eligibility for special education and related services.

IV. 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 decisions and taking appropriate actions in regards to special education services; granting permission for field trips and other school-related activities, and taking all appropriate action in connection with education records.

V. 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.

VI. Check one:

I have attached a signed and notarized **PARENTAL ENROLLMENT AFFIDAVIT**.

The parent or legal guardian is unable, refuses, or is otherwise unavailable to sign the **PARENTAL ENROLLMENT AFFIDAVIT**.

Reason: \_\_\_\_\_  
\_\_\_\_\_

**\*IMPORTANT LEGAL NOTICE\***

**ANYONE WHO WILLFULLY AND KNOWINGLY PROVIDES FALSE INFORMATION ON THIS AFFIDAVIT IS GUILTY OF A CLASS 1 MISDEMEANOR AND IS RESPONSIBLE FOR REIMBURSING THE SCHOOL DISTRICT THE COSTS OF EDUCATING THE STUDENT FOR THE TIME ENROLLED.**

**I HEREBY ACKNOWLEDGE THE POTENTIAL PENALTIES AND CONSEQUENCES FOR WILLINGLY AND KNOWINGLY PROVIDING FALSE INFORMATION HEREIN:**

\_\_\_\_\_  
(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)