

RESIDENCY VERIFICATION/LEGAL RESIDENCE ASSESSMENT

	NTY OF CHARLESTON	AFFIDAVIT OF A STUDENT'S DOMICILE	
ALTIES	FOR PROVIDING FALSE INF	ORMATION	
	affidavit is made under per s, I can be prosecuted for p	nalty of perjury. I acknowledge that if I provide false information about where a erjury.	
In ac	ddition, S.C. Code 59-63-32	states (emphasis added):	
(D)		ation contained in the affidavit is false, the child must be removed from the lan opportunity to appeal the removal pursuant to the appropriate district	
(E)	enroll a child in a school is guilty of a misdemear hundred dollars or improschool district an amour of enrollment. Repaym	on willfully and knowingly has provided false information in the affidavit to I district for which the child is not eligible, the maker of the false affidavit nor and, upon conviction, must be fined an amount not to exceed two isoned for not more than 30 days and must also be required to pay to the not equal to the cost to the district of educating the child during the period ent does not include funds paid by the state.	
1. I	I am(Parent Name)	PARENT/GUARDIAN and it is my signature that appears below.	
I	am(Parent Name)	PARENT/GUARDIAN and it is my signature that appears below.	
	nake this affidavit based upon my own personal knowledge, and if called upon, I believe I would be semed competent to testify to the facts and beliefs set forth in this affidavit.		
3. I	am aware of the penalties	to myself and to the student for providing false information in this affidavit.	
4. I	am an adult responsible fo	r the care and well being of the following student(s):	
	As of the date I have signed ollowing address:	this affidavit that student for whom I am responsible actually lives at the	

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- 6. Under penalty of perjury, I certify that, as primary caregiver of my applicant child:
 - (a) the residence which is the subject of this application is my legal residence and my domicile, the place where I and the student actually live at the time of this application and that I do not claim to be a legal resident of a jurisdiction other than Charleston County, South Carolina for any other purposes; and
 - (b) that neither I nor any other member of my household (that is: the owner-occupants or lessor-occupant's spouse, except when that spouse is legally separated from the owner/lessor occupant and any child of the owner/lessor-occupant claimed or eligible to be claimed as a dependent on the owner/lessor-occupant's federal income tax return) is residing in or occupying any other residence which I, or any member of my immediate family, has qualified for legal residency.
- 7. I acknowledge that if a challenge is made to the truthfulness of information I provide that additional Information may be required of me.8. Further, affiant sayeth not,

Signature of affiant	Printed name of affiant	
	Printed name of affiant	
SWORN to and subscribed before methis	day of	20
Notary Public for South Carolina My commission expires:		
HEAD OF HOUSEHOLD OTHER THAN PARENTA		
I am the head of household/lessor of(Address		
Name(s) of Students		
reside with me. Attached is a copy of our lease documents from Category B and Category C.	e or property tax bill. Also, att	ached is a copy of our
_ Print Name and Sign		
 Relationship		

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