



Admission Affidavit

(Student Transferring into Wilson County)

1. My name is _____
2. My street address is _____
My mailing address is _____
My telephone numbers are: (Home) _____; (Work) _____; (Cell) _____
3. I am enrolling the following child in Wilson County Schools: _____
4. I am the parent/legal guardian (**circle one**) of the child _____
5. The name of the last school my child attended is _____
which is located in _____
6. The child is/is not (**circle one**) currently under a term of suspension or expulsion from a school.
7. The child has/has not (**circle one**) been convicted of a felony in NC or any other state or territory.
8. The child is (**choose one**) ...
 - ☐ identified as eligible for special education and related services. (evidence must be tendered)
 - ☐ **not** identified as eligible for special education and related services.

I understand that if the information in this affidavit is false, the child will be removed from school. The school system will give notice of an opportunity to appeal the removal in accordance with school system policy.

Parent or Guardian of Child

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public of the County and State aforesaid,
certify that _____ personally appeared before me this day and
acknowledged the execution of the foregoing instrument.

WITNESS my hand and official stamp or seal, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____