



Caregiver Affidavit

1. My name is _____
2. My street address is _____
My mailing address is _____
My telephone numbers are: (Home) _____; (Work) _____; (Cell) _____
3. I am seeking admission in Wilson County Schools for the following child: _____
4. The name of the child's parent/legal guardian (**circle one**) is _____
The parent/legal guardian address is _____
5. The child has lived with me since _____
6. The child's relation to me is _____
7. The child is now living with me and is qualified to attend Wilson County because (check all boxes below that apply)
 - ☐ The parent or legal guardian of the child is dead / seriously ill / incarcerated (**circle one**).
 - ☐ The parent or legal guardian of the child has abandoned complete control of the child, as evidenced by the failure of the parent or legal guardian to provide substantial financial support and parental guidance to the child.
 - ☐ The parent or legal guardian of the child has abused or neglected the child.
 - ☐ The physical or mental condition of the parent or legal guardian of the child is such that they are unable to provide adequate care and supervision to the child.
 - ☐ The parent or legal guardian of the child has relinquished physical custody and control of the child upon the recommendation of the social services or the division of mental health.
 - ☐ The child's previous home was destroyed or made uninhabitable by natural disaster.
 - ☐ The parent or legal guardian of the child is one of the following (**circle one**)
 - a. On active military duty and is deployed out of the local school administrative unit in which the student resides (evidence of deployment must be tendered)
 - b. A member or veteran of the uniformed services who is severely injured and medically discharged or retired in the last year (evidence must be tendered)
 - ☐ Other: _____
(evidence must be tendered with affidavit)
Reasons not specifically listed are subject to Wilson County Schools approval
8. The child's claim of residency in Wilson County is not primarily related to attendance at a particular school within Wilson County.

9. I have been given and accept responsibility for making educational decisions for the child, including, but not limited to, receiving notice of discipline, attending conferences with school personnel, granting permission for school-related activities, and taking appropriate action in connection with student records.

10. Check one:

- ☐ I agree with the information stated herein. _____ (parent/legal guardian)
- ☐ The child's parent or legal guardian is unable, refuses or is otherwise unable to sign an affidavit to the information stated herein.

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.

_____ (caregiver)

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: _____