

## NON-PARENTAL AFFIDAVIT

**This form must be fully completed  
Please Print or Type**

**THIS FORM SHALL BE COMPLETED BY AN ADULT WITH WHOM THE STUDENT IS LIVING.**

This form shall be completed for students living in the Gwinnett County School District (District) who do not live in the home of their parents or guardian.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The Student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_\_ is living with me at the following address:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Reason the student is living with the above named adult (check at least one)

- A. The death, serious illness, or incarceration of a parent or legal guardian.
- B. The abandonment by a parent or legal guardian of the complete control of the student is evidenced by failure to provide substantial financial support and parental guidance.
- C. Abuse or neglect by the parent or legal guardian.
- 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.
- E. The loss of inhabitability of the student's home as the result of a natural disaster.
- F. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
- G. The student is living in a foster home, group home, or other institution or care facility that is located in the county.
- H. The parents cannot be located.

2. The name and last known address of the child's parent(s) or guardian is:

\_\_\_\_\_

3. I assumed control and charge of this student, which I provide 24 hours per day and 7 days per week, on \_\_\_\_\_ (day/month/year)

4. The name and address of the last school that the child attended is:

\_\_\_\_\_

5. The school District's Superintendent, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the District. The audit may also include a personal visit by a District attendance officer or other employee of the District at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the District discovers fraud, misrepresentation, student shall be withdrawn from school.

6. I attest that this request to attend the Gwinnett County School District is not primarily related to attendance at a particular school in the Gwinnett County School District *nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.*

7. I further attest that the student named above is not now under a long term-suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

8. I further attest that I have been given the responsibility for educational decisions for the student including, but not limited to, receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities and taking appropriate action in connection with student records.
9. If the parent, guardian, or legal custodian is unable, refuses, or is otherwise unable to sign this form, I have made every effort to secure that signature.
10. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the Gwinnett County School District.

**NOTICE OF PENALTIES AND LIABILITY:**

I understand that:

1. If I falsify information or defraud the Gwinnett County School District on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled, and shall remunerate the District as set forth in O.C.G.A. § 20-2-133 (a). \_\_\_\_\_  
(initial)
2. If the costs incurred by the District are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same. \_\_\_\_\_  
(initial)
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1. \_\_\_\_\_  
(initial)
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one or more than five years if I Am found guilty of forgery in the second degree, pursuant to O.C.G.A § 16-9-2. \_\_\_\_\_  
(initial)
5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20. \_\_\_\_\_  
(initial)
6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 of by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A § 16-10-71. \_\_\_\_\_  
(initial)
7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and Understood each of these provisions. \_\_\_\_\_  
(initial)

**I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Signature of affiant (adult with whom the child is living)

\_\_\_\_\_  
Signature of parent/guardian

<p><b>PLEASE NOTARIZE</b> Sworn to and subscribed before me this _____ day of _____, 20____. Notary Public: _____</p>	<p>Name of Affiant (Adult with whom the child is living) (Please Print): _____ Enrolling Person Signature: _____ Principal/Designee Signature: _____</p>
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