

**RESIDENCY DECLARATION AFFIDAVIT
(To be completed by parent/legal guardian)**

I, _____, certify that I am the custodial parent/legal guardian
of _____
and that I have established my permanent or temporary residence at _____.

I also agree that if I move, I will notify Colleton County School District within 10 business days of my new residence information.

Colleton County School District will investigate and/or act upon all reports of alleged falsified documentation used as proof of residence. The district will also initiate random checks to verify addresses throughout the school year. Should any information presented by the parent/legal guardian or the district resident prove to be false, the student will be immediately withdrawn. Further, federal privacy laws prohibit disclosures of actions taken by the district and therefore will not be reported to the general public, or to those providing reports of false information. Members of the community who have questions or concerns about tax registrations of local residents should direct their concerns to the appropriate county auditor's office.

I confirm that all of the information herein is true and accurate.

Signature of parent/legal guardian

Date

Signature of parent/legal guardian

Date

State of South Carolina County of _____
SWORN to before me and subscribed in my presence this _____
day of _____, _____.
(Seal)

Notary Public for South Carolina \

My commission expires: _____

School District of Colleton County