

NON-PARENTAL AFFIDAVIT

Pursuant to Board Policy JBCA, Resident Student and Administrative Regulation JBC-R, Student Admissions, this Affidavit shall be completed during enrollment and/or re-enrollment in Atlanta Public Schools. This Affidavit shall be completed for students living in the City Atlanta Public Schools System, but who are residing with a person who is not the parent, legal guardian or grandparent. This Affidavit shall be completed by the adult with whom the student is living. This affidavit should not be utilized for Homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

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:

Name of Non-Parent: _____
 Address: _____
 City: _____ State: **GEORGIA** Zip: _____
 Home Phone: _____ Work Phone: _____
 Cellular Phone: _____ Other: _____

1. Reason the student is living with the above named adult (check 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 as evidenced by the 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 or 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.
- ☐ I. Other circumstances as approved by the school system (explain below).

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

3. I assumed control and charge of this child, 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 system's superintendent, or his or 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 county public school system. The audit may also include a personal visit by a school 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 superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

6. I attest that this request to attend an Atlanta Public School is not primarily related to attendance at a particular school in Atlanta Public Schools, 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 child, including 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 unavailable to sign this form, I, as the adult with whom the child is living, have made every effort to secure this and they are unable or refused to adhere to this request.

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 school system.

NOTICE OF PENALTIES AND LIABILITY

I under stand that: (Please initial each paragraph)

_____ 1.If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a).

_____ 2. If the costs incurred by the local school system 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.

_____ 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.

_____ 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

_____ 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.

_____ 6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or 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.

_____ 7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

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. I understand that the student is conditionally enrolled for 30 days and this Affidavit is valid for 30 days to allow me to procure a Legal Guardianship for the above minor child. If guardianship is not presented within 30 days, school may withdraw the student.

Signature of adult with whom the child is living

Date

Sworn to and Subscribed before me

this _____ day of _____ 20____

Notary Public

My Commission Expires:_____

Guardianship can be obtained by contacting the Fulton County Probate Court located at 136 Pryor Street, Room C-230, Atlanta, Georgia 30303, (404-730-4697). Information regarding this process is also available online at www.gaprobate.org. The Court may require a fee for this process, but no fee will be required if an affidavit of indigence is filed with the Court (See O.C.G.A. § 15-9-61). For persons seeking guardianship of students in their care, the guardian must be an adult of at least 18 years of age or an emancipated minor at least 16 years of age residing within the boundaries of Atlanta Public Schools. The District may object to petitions of guardianship through the court system.