

NOTE: If the student's parent or legal guardian has retained legal custody of this student, then the affidavit procedures for parents/legal guardians and adult caregivers (Affidavits B and C) must be followed in lieu of this document. If the affidavit requirements cannot be met then the student will be considered as an out-of- district transfer.

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| AFFIDAVIT D |
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STATE OF NORTH CAROLINA)
COUNTY OF HENDERSON)

Please Print or Type

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|---|----------------------|-------|-----------------------------------|---|
| IN THE MATTER OF | | | | STATEMENT OF AUTHORITY AND RESPONSIBILITY BY LEGAL CUSTODIAN AND BY RESPONSIBLE ADULT (LICENSED GROUP HOME, FOSTER HOME, OR SIMILAR FACILITY) (G.S. 115C-366(a6)) |
| Full Name of Student | | | | |
| Address of Group Home, Foster Home, or Facility | | | | |
| City | | State | Zip | |
| Current Grade | Last School Attended | | | |
| Sex | Date of Birth | Age | Printed Name of Responsible Adult | |

We hereby certify and represent that the above-referenced student has been placed with

_____ (Name of group home, foster home, or similar facility)

by _____, and
(Name of individual or government agency)

1. The individual or government agency listed above who has placed this student with the above-referenced group home, foster home or similar facility has been awarded legal custody of the student by a court (attach court order).
2. The group home / foster home / facility has been approved as a "licensed facility" by the State of North Carolina.
3. The undersigned responsible adult resides or is employed within the boundaries of the Henderson County School District.
4. The undersigned responsible adult has the authority and hereby accepts the responsibility for educational decisions for the student, including enrolling the student, receiving and responding to notices of discipline under G.S. 115C-391, attending conferences with school personnel, acting as "parent" in connection with all special education decisions, granting permission for school-related activities, granting permission for emergency medical care, receiving and taking appropriate action in connection with student records, and any other decisions or actions recommended or required by the school in connection with this student.
5. Student is not currently under suspension or expulsion from attendance at a private or public school in this or any other state and has never been convicted of a felony in this or any other state.

6. If any of the above circumstances/information changes the undersigned individuals agree to notify the school principal immediately.

Sworn Under Oath or Affirmation.

Signature of Responsible Adult

Address and Phone Numbers for Responsible Adult:

- Mailing Address: _____

- Phone numbers:
Daytime _____
Evening _____
Cell _____

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

by _____
(Name of Responsible Adult)

(Signature of Notary Public)

My Commission Expires: _____ (Notary Seal)

Sworn Under Oath or Affirmation.

(Signature of Individual or Government Agency Rep.)

SWORN TO AND SUBSCRIBED BEFORE ME

This ____ day of _____, 20____.

By _____
(Name of Individual or Agency Representative)

on behalf of _____
(Name of Government Agency)

(Signature of Notary Public)

My Commission Expires: _____ (Notary Seal)