



Please Print or Type

IN THE MATTER OF				AFFIDAVIT OF STANDING
Full Name of Child				
Address of Parent, Custodian, or Guardian				
City	State	Zip		
Home Phone		Cell Phone		
Sex	Date of Birth	Age	Printed Name of Parent, Custodian, or Guardian	

The undersigned, being first duly sworn, says:

1. My Name is: _____
2. My permanent address is: _____
3. I am the parent/guardian/custodian of: _____ who resides at _____

4. Is student currently serving a term of suspension or expulsion? Yes _____ No _____
5. Has the student been convicted of a felony? Yes _____ No _____

I ACKNOWLEDGE AND REPRESENT THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE. I UNDERSTAND THAT IF I HAVE WILLFULLY AND KNOWINGLY PROVIDED FALSE INFORMATION IN THIS AFFIDAVIT, I MAY BE CHARGED WITH AND BE FOUND GUILTY OF A CLASS 1 MISDEMEANOR AND MAY HAVE TO PAY LINCOLN COUNTY SCHOOLS AN AMOUNT EQUAL TO THE COST OF EDUCATING THE CHILD DURING THE PERIOD OF ENROLLMENT. I further understand that, if the information in this affidavit is found to be false, the child may be removed from the Lincoln County School System.

Signature of Affiant

This the _____ day of _____, 20____

STATE OF NORTH CAROLINA

COUNTY OF _____

I, _____, a Notary Public in and for the above County and State, certify that
_____ personally appeared before me this day and acknowledge to me that
he/she executed the foregoing instrument and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Witness my hand and official seal this the _____ day of _____, 20_____.

(SEAL)

Notary Public's Signature

My Commission Expires _____