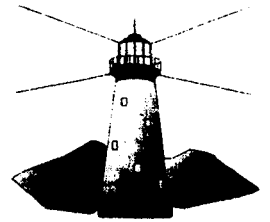


Abbeville County School District

Administrative Offices
400 Greenville Street
Abbeville, South Carolina 29620
Phone (864) 366-5427 FAX (864) 366-8531



GUARDIANSHIP VERIFICATION

Student's Name _____ DOB _____

Please select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

1. _____ I am the parent (birth or legally adopted) of this child and this child lives with both parents in one household.
2. _____ I am the parent (birth or legally adopted) of this child and am not currently married to the other parent, but I have been awarded Physical Legal Custody or Joint Legal Custody through the court. ***To assist us in complying with court orders, you must provide us with a copy of the most recent legal court document stating that you have Physical Legal Custody or Joint Legal Custody of the child, before the student can be enrolled.***
3. _____ I am the parent (birth or legally adopted) of this child and the child lives with me.
4. _____ I am not the parent (birth or legally adopted) of this child. I am a relative or friend. Please choose one of the following:
 - a. _____ I have been awarded Legal Guardianship of this child through the court. Verification of court order or DSS placement must be provided prior to the child being enrolled.
 - b. _____ I am the child's foster parent, licensed by the Department of Social Services.
 - c. _____ I am the foster parent at a facility licensed or operated by the Department of Social Services or the Department of Youth Services.
 - d. _____ I have not been awarded Legal Guardianship of this child through the court. Choose one of the following. ***(A state-approved "Affadavit" must be completed.)***
 - i. _____ The child's mother/father is dead or seriously ill and unable to care for the child or is in jail or prison.
 - ii. _____ The child's mother/father left the child with me. I have complete control of the child as shown by mother's/father's failure to provide substantial financial support and parental guidance.
 - iii. _____ The child was being abused or neglected by a parent or legal guardian.
 - iv. _____ The child's mother/father has a physical or mental condition which prevents her/him from providing adequate care or supervision for the child.
 - v. _____ The child is emancipated from the control of his/her mother and father.
 - vi. _____ The child's family does not have a fixed, regular and adequate nighttime residence or a nighttime residence that is a shelter or institution that provides temporary living accommodations. ***(Homeless enrollment forms must be completed.)***

All report cards and papers must have the signature of the parent or legal guardian, or the custodial adult as defined in Section 3.d.i. – Section 3.d.vi.above.

Another person who has permission to view this child's academic/behavior records and to participate in meetings related to this purpose is _____.

By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of this information may exclude my child from this school and also makes me subject to penalty of law.

Signature of Parent, Guardian, or Custodial Adult

Date