

AFFIDAVIT OF RESIDENCE FOR SOUTH CAROLINA FIRST STEPS 4K PROGRAM

I, _____, being duly sworn, hereby make under oath and affirm that:

1. I am above the age of eighteen (18).

2. I am the custodial parent or legal guardian of the following child or children:

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

3. Both above-referenced child/children and I are full-time residents living at the following address:

_____

_____

4. I authorize South Carolina First Steps to School Readiness and its trustees, officers, employees, agents and contractors to use the information set forth in this Affidavit and to provide a copy of this Affidavit as necessary to perform their respective duties.

5. I certify that the above information is true and accurate.

_____

Parent/Guardian Signature Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____, 20_____.

_____

Notary Public of South Carolina

My Commission Expires: _____