**Affidavit of Parent/Guardian**

I, am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and have legal authority to make education decisions regarding the student. My child resides in the Ravenna Public School District but will not be enrolled in and regularly attend a public, private, denominational, or parochial day school which meets the requirements for legal operation in chapter 79 of the Nebraska statutes at the commencement of the 2016-17 school year.

I certify that the child was born on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and will reach six years of age prior to January 1, 2018 but has not reached seven years of age. I intend for my child to participate in a school which has elected or will elect not to meet accreditation requirements on or before my child’s seventh birthday. I will to provide the Commissioner of Education with a statement pursuant to subsection (3) of section 79-1601 before that date.

Printed Name of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_ )

) ss.

STATE OF NEBRASKA )

Signed in my presence and sworn to this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public