



**STATE OF SOUTH CAROLINA
COUNTY OF RICHLAND**

**AFFIDAVIT OF PATERNITY
ACKNOWLEDGEMENT FOR SCHOOL
ENROLLMENT/EDUCATIONAL RIGHTS**

This form ONLY needs to be completed if the father is NOT on the child's birth certificate. THIS FORM MUST BE SIGNED BY BOTH MOTHER AND FATHER IN THE PRESENCE OF A NOTARY PUBLIC.

Read all the following information prior to signing this form and acknowledge your understanding by signing on the next page.

WHAT ARE YOU AGREEING TO BY SIGNING THIS FORM? If you are the mother, you are agreeing that the person signing as the child's father is the biological father of your child. If you are the father, you are agreeing that you are the biological father of the child.

WHAT DOES THIS FORM ALLOW YOU TO DO? This form will be considered as an acceptable method of acknowledgement of paternity by Richland County School District One only for the purposes of allowing a child to be registered/enrolled in school and for exercising educational-related parental rights conferred by applicable South Carolina law. This form does not in any way grant visitation, custody, or any other parental rights; it provides education-related rights only.

WHAT ARE THE CONSEQUENCES FOR PROVIDING FALSE INFORMATION? By signing this Affidavit, you declare that you are the child's father, and that you are undertaking responsibility for this child's education as provided by law. If it is found that you have willfully and knowingly provided false information to enroll the child in a school for which the child is not eligible or to exercise parental rights for which you are not entitled, you may be subject to criminal and/or civil penalties to the extent permitted by law.

Child's Full Name: _____ Sex: _____
(First) (Middle) (Last)

Child's DOB: _____

Mother's Full Name: _____ Mother's DOB: _____
(First) (Middle) (Last) (Month/Day/Year)

Mother's Current Mailing Address: _____
(Street/PO Box No./Route) (City) (State) (Zip)

Mother's Residence Address if different: _____
(Street/PO Box No./Route) (City) (State) (Zip)

Father's Full Name: _____ Father's DOB: _____
(First) (Middle) (Last) (Month/Day/Year)

Father's Current Mailing Address: _____
(Street/PO Box No./Route) (City) (State) (Zip)

Father's Residence Address if different: _____
(Street/PO Box No./Route) (City) (State) (Zip)



ACKNOWLEDGEMENT BY NATURAL PARENTS

Under penalties of perjury, *WE HEREBY DECLARE* that we have read the Affidavit of Paternity Acknowledgement for School Enrollment and Educational Rights and that the facts stated in it are true, that is, that the mother was unwed at the time of birth, that no other person is listed on the birth record as the father, that we are the natural parents of the child named above and that we fully understand our responsibilities and rights printed at the beginning of this form.

WE FURTHER DECLARE that no court action established paternity has occurred or is in process. We understand that a person who knowingly makes a false declaration or provides false information to enroll the child in a school for which the child is not eligible or to exercise parental rights for which they are not entitled to, may be subject to criminal and/or civil penalties to the extent permitted by law.

(Printed Name of Natural Mother)

(Printed Name of Natural Father)

(Signature of Natural Mother)

(Signature of Natural Father)

(Natural Mother)

(Natural Father)

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public for South Carolina

Notary Public for South Carolina

My commission expires: _____.

My commission expires: _____.

Personally Known _____ OR Produced Identification _____

Personally Known _____ OR Produced Identification _____