

AFFIDVIT OF PARENTAL AUTHORITY

(Parent's name) _____,
having been duly sworn by the undersigned Notary Public deposes, warrants and
represents that:

I am the lawful parent of (the child) _____,
age _____, who resides with me in Gwinnett County, Georgia, with the knowledge
and consent of the child's other parent, who lives apart from me. I have complete
authority to deal by myself with the school system concerning the child's health, welfare,
and education; and my exercise of such authority does not contravene any provision of
any judgment or order to which I or the child are subject.

The facts contained herein are based on my personal knowledge and are true and
correct. I further represent that if these facts should become no longer true I will notify
the principal of the child's school immediately.

This affidavit is made and now delivered with the knowledge that it will be relied on by
the Gwinnett County School District.

Date: _____

Signature of Custodial Parent: _____

Signature of Parent with whom child currently resides: _____

Notary public: _____

Sworn to, subscribed and delivered before me this ____ day of _____, 20__

SEAL:

