



444 Western Boulevard  
Jacksonville, North Carolina 28546-6816  
Phone (910) 455-1221

**School Year 2010-2011**

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Please write neatly or type your statement (if you need more room, continue on back of form):

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Signature (Student/Spouse/Parent): \_\_\_\_\_  
(Circle one) (You must sign this form in the presence of a notary.)

**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU  
MAY BE FINED, SENTENCED TO JAIL, OR BOTH.**

County: \_\_\_\_\_

**NOTARY SEAL**

State: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Sworn to and subscribed before me this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Please Print Notary Name: \_\_\_\_\_