SWORN DISCLOSURE STATEMENT
NEW LAW ON CHILD PROOF IDENTITY

Section 63.2-1809 of the CODE OF VIRGINIA requires that a sworn disclosure statement or affirmation be completed by the legal guardian of each child enrolled in our school program.

If you need to obtain a birth certificate for your child, please contact the Virginia Department of Health's Office of Vital Records at 804-662-6200 or www.vdh.state.va.us/Vital_Records/index.htm. If your child was born in another state, contact their Bureau of Vital Statistics.

Failure to provide the proof of identity **within 7 days** of initial attendance requires the school to notify the local law-enforcement agency of such failure to provide the requested information. The State Board of Social Services shall promulgate regulations to implement the provisions of this act.

This statement must be provided to and maintained at the facility.

SECTION I **Parent/Guardian information:** **(Please print)**

_____

Parent/Guardian Last Name First Middle

_____

Social Security Number

_____

Current Mailing Address Street, Apt #, P.O. Box City State Zip

NAME OF FACILITY:
CULPEPER CHRISTIAN SCHOOL 810 OLD RIXEYVILLE RD CULPEPER, VA 22701

SECTION II **Student Information:** **(Please Print)**

*****SWORN DISCLOSURE STATEMENT*****

I am the parent and/or legal guardian of _____

I agree that the birth certificate presented today for my child is accurate and an original copy from the state of _____. The state file number on this birth certificate is # _____ and has been presented to an authorized employee of Culpeper Christian School.

I understand that there are state laws against reproduction of birth certificates.

_____ _____
Signature of Legal Guardian Date

_____ _____
Signature of Authorized Employee Date