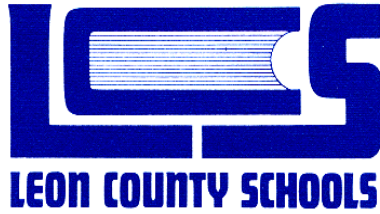


BOARD CHAIR
DeeDee Rasmussen

BOARD VICE CHAIR
Georgia "Joy" Bowen



BOARD MEMBERS
Darryl Jones
Alva Swafford Striplin
Rosanne Wood

SUPERINTENDENT
Rocky Hanna

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Student Information

For Families Residing With a Homeowner or Renter

AFFIDAVIT OF RESIDENCY

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct. **Must complete annually.**

Student's Name _____

Explain your current living situation.

Current address _____ Previous address _____

Dates from ___ to ___ Current owner/landlord/property manager name _____

Address _____ Phone Number _____

(Print parent/Guardian name)

(Parent/Guardian signature)

STATE OF FLORIDA/COUNTY OF LEON

SUBSCRIBED and SWORN before me on this day of _____, 20_____, by _____, who () is personally known to me or () has produced a Florida Driver's License.

Signature of Notary

Name of Notary typed, printed or stamped

Notary Public, State of Florida at Large

My Commission Number is _____

My Commission expires _____

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 561-8950 • Fax (850) 487-0444 • www.leonschools.net

"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information."

Building the Future Together