BOARD CHAIR DeeDee Rasmussen

BOARD VICE CHAIR Georgia "Joy" Bowen



BOARD MEMBERS Dee Crumpler Maggie Lewis-Butler Alva Swafford Striplin

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Student Information

SUPERINTENDENT Rocky Hanna

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 si	tuation.
Current address	Previous address
	t owner/landlord/property manager name
	Phone Number
(Print parent/Guardian	n name) (Parent/Guardian signature)
STATE OF FLORIDA/COUNTY	OF LEON
SUBSCRIBED and SWORN befor	e me on this day of
Signature of Notary	Name of Notary typed, printed or stamped
Notary Public, State of Florida a	ut 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
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