

Acceptable proof of your residence.

Two (2) separate proofs of address are required

- One (1) **Primary** Proof
- One (1) **Secondary** Proof.

One of the following *Primary Proofs*:

- Current Homestead Exemption Card
- Property Tax Statement
- Mortgage Document
- Current Lease or Rental Agreement

One of the following *Secondary Proofs*:

- Current City of Tallahassee or Talquin electric bill or Confirmation of Service Notice
- Vehicle Registration
- Government Mail, (*not a driver's license or voter's registration card*)

BOARD CHAIR
Rosanne Wood

BOARD VICE CHAIR
Laurie Lawson Cox



BOARD MEMBERS
Marcus Nicolas
Darryl Jones
Alva Swfford Smith

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 _____ **Date** _____

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 W. Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7100 • Fax (850) 414-5194 • www.leonschools.net

"No person shall on the basis of sex, gender identity, marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status or genetic information be denied employment, receipt of services, access to or participation in school activities or programs if qualified to receive such services, or otherwise be discriminated against or placed in a hostile environment in any educational program or activity including those receiving federal financial assistance, except as provided by law." No person shall deny equal access or a fair opportunity to meet to, or discriminate against, any group officially affiliated with the Boy Scouts of America, or any other youth group listed in Title 36 of the United States Code as a patriotic society.

"EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS"

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Residential Information

Homeowner's/Renter's Acknowledgement (Household Status)

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.**

Date_____

I_____ acknowledge that _____
(owner/renter) (additional residents)

reside at_____

(Print Homeowner/Property Manager name)

(Homeowner/Property Manager signature)

Owner's Contact Address

Phone number

The Renter's Lease is: circle one
Annual OR Month-to-month

Student/Parent-Guardian: circle one
Annual OR Month-to-month

STATE OF FLORIDA/COUNTY OF LEON

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by_____ who () is personally known to me or () has produced a Florida Driver's License.

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"EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS"



Leon County School District

725 S. Calhoun Street * Tallahassee, FL 32301 * Phone 850-561-8376*www.leonschools.net

LCS: 6/30/25

SCHOOL Data Entry:

Date: _____

Initials: _____

2025-26 Student Residency Questionnaire

Section A: Housing is Fixed, Regular, and Adequate

Please **DO NOT** complete this form, if you currently:

- **Rent/own your home OR live with someone by choice (not due to financial hardship)**

Section B: Housing is NOT Fixed, Regular, and Adequate (Complete all sections below and return to school)

Student(s) Current Nighttime Residence:

- ☐ In an emergency/transitional shelter (A)
- ☐ Temporarily with another family or other persons due to loss of housing, economic hardship, or similar reason (B)
- ☐ In a vehicle of any kind, temporary trailer park or campground due to lack of alternative adequate accommodations, public space, bus or train station, abandoned building, public or private place not designed for or ordinarily used as a regular sleeping accommodation, or other substandard housing (D)
- ☐ In a hotel/motel due to loss of housing, economic hardship, or similar reason (E)

How long have you been at this temporary residence? _____

Cause of Temporary Residence:

- ☐ Foreclosure (M)
- ☐ Natural Disaster Type: **Circle One**
Earthquake, Flood, Hurricane, Tornado
Tropical Storm, Wildfire
- ☐ Man-made Disaster (D)
- ☐ Pandemic (P)
- ☐ Other homeless causes (N):
(Please Explain) _____

Example: Lack of affordable housing, long term poverty, unemployment, domestic violence, eviction, mental illness, lack of health care

Section C: Student Information (All LCS students including pre-school children living together as indicated above)

Student Name (first, middle initial, last)	Student ID#	M/F	DOB	Grade	School

Prior Street Address: _____ City: _____ Zip: _____

Current Street Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email: _____

Name of Parent(s) / Legal Guardian(s): _____

Section D: Unaccompanied Homeless Youth (UHY) Must Complete This Section (U) ***Contact FIT Office for Certified UHY Card**

- ☐ Student is living with an adult that is not a parent or legal guardian.

Caregiver Name: _____ Student Age: _____

Relationship to student: _____ Phone: _____

- ☐ Student is living alone without an adult.

Student Age: _____

How long has the student been living alone? _____

Additional protective rights and services may be available to qualified families. These rights include immediate school enrollment, free meals, school stability, and transportation to the school of origin (if over 2 miles).

*****If Transportation is needed, check this box, call Transportation (850) 488-2636.**

☐

☐ Please check if you allow this information to be released to social service agencies for possible assistance. **Expires 6/30/26**

The undersigned certifies that the information provided is accurate.

Signature of Parent/Legal Guardian (OR) Unaccompanied Homeless Youth

Date

Florida Statutes 837.06 provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

The answers to this residency questionnaire help in determining eligibility of services that may be received through the federal McKinney-Vento Homeless Assistance Act 42 U.S.C. 11435. For questions regarding this form, please call the FIT office at 850-561-8376.