

BOARD CHAIR  
Georgia "Joy" Bowen  
BOARD VICE CHAIR  
Alva Swafford Striplin



BOARD MEMBERS  
Maggie Lewis-Butler  
DeeDee Rasmussen  
Rosanne Wood

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SUPERINTENDENT  
Rocky Hanna

**AFFIDAVIT OF RESIDENCY**

*For families residing with a homeowner or renter*

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) 487-7546 • Fax (850) 487-0444 • [www.leonschools.net](http://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), race, age, color, ethnicity, national origin, religion, pregnancy, marital status, disability, sexual orientation, or genetic information."*

**Building the Future Together**

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**Residential Information**

SUPERINTENDENT  
Rocky Hanna

***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.**

I \_\_\_\_\_ acknowledge that \_\_\_\_\_  
(owner/renter) (additional residents)

reside at \_\_\_\_\_

**(Print Homeowner/Property Manager name)**

\_\_\_\_\_  
**(Homeowner/Property Manager signature)**

**Owner's Contact Information:**

(Address)

(Phone number)

**The Renter's Lease is: circle one**

Annual

Month-to-month

**Student/Parent-Guardian: circle one**

Annual

Month-to-month

**STATE OF \_\_\_\_\_ /COUNTY OF \_\_\_\_\_**

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