

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 be completed 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"

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 be completed 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:
Annual OR Month-to-month

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