

BOARD CHAIR  
Rosanne Wood

BOARD VICE CHAIR  
Laurie Lawson Cox



SUPERINTENDENT  
Rocky Hanna

BOARD MEMBERS

Marcus Nicolas

Darryl Jones

Alva Swafford Smith

**Page 1 of 2**  
**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)**

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**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.

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**Page 2 of 2**  
**Residential Information**

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

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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

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**"EXCELLENCE BEGINS IN LEON COUNTY SCHOOLS"**