



Pasco County Schools

Kurt S. Browning, Superintendent of Schools
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Affidavit of Residence

The purpose of this form is to verify that the child listed below resides within the boundaries for the school in which he/she is attending, absent an approved alternative method of assignment or reassignment.

- Complete and date this form
- Sign under oath before a notary
- Return the form to the front office of your child's school.

Absent an approved alternative method of assignment or reassignment, all students in the District School Board of Pasco County shall be assigned annually to the school which they are to attend under the authority of the Board and by direction of the Superintendent, pursuant to School Board Policy 3121 and Policy 3130. Students shall be assigned to schools under these policies based on residence of the student/parent/legal guardian within the attendance boundaries which have been established by the School Board.

I, (name of parent/legal guardian) _____
am the parent/legal guardian of the following child(ren)

<u>NAME</u>	<u>GRADE</u>	<u>NAME</u>	<u>GRADE</u>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

CHECK THE BOX BELOW THEN ENTER YOUR ADDRESS YOUR RESIDENTIAL ADDRESS*

I (parent/legal guardian) am **currently residing** with the above-named child

at the residential address below in Pasco County, and this is the child's and my primary residence. The primary residence is defined as the home in which the child spends the majority of his/her time.

Address: _____

City: _____

Zip Code: _____

My contact phone number(s):

Primary: _____

Secondary: _____

I understand that falsification of this information may result in the withdrawal of my child from this school and that falsifying my residence when enrolling my child, may be referred to law enforcement for prosecution.

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.

I agree to immediately notify the School District of any future changes in address or living arrangement of these child(ren). Under penalties of perjury, I hereby declare that I have read this document and the above facts are true and correct:

Signature of Parent/Legal Guardian

Date

STATE OF FLORIDA, COUNTY OF PASCO

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
(year) _____ by _____ Who is personally known
to me or who produced as identification _____.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public, Commission Number and Expiration Date

To be completed by the residence owner:

I, the Owner, lessor, or lessee at the above address, declare that the above named child(ren) is/are living in my residence full time.

Name of Owner/Lessor/Lessee: _____

Contact information of Owner/Lessor/Lessee: _____

The child(ren) live with me because:

____ Family Hardship, Explanation Required: _____

____ Displacement due to hurricane or other natural disaster

____ Court ordered guardianship

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.

Under penalties of perjury, I hereby declare that I have read this document and the above facts are true and correct.

Signature of Owner/Lessor/Lessee

Date