



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
AFFIDAVIT OF RESIDENCY**

MIS # 141
04/17

The purpose of this form is to verify that the child(ren) 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.
- The parent/legal guardian of a student must complete an updated Affidavit of Residence within the first 10 days of the first calendared school day for each and every school year.

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*

<input type="checkbox"/> I (parent/legal guardian) am <u>currently residing</u> 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: _____

The School District expects residence information submitted regarding students to be truthful and accurate, and District forms pertaining to residence and household membership shall be verified under penalties of perjury. 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. Additionally, a person who knowingly makes a false declaration under penalties of perjury commits a felony of the third degree, pursuant to Florida Statute 92.525. Providing school officials false information regarding your residence when enrolling your child may result in your child being withdrawn and/or reassigned to the appropriate zoned school, and referral of the matter to law enforcement for possible criminal prosecution. Additionally, falsification of this information may result in the permanent revocation of your child's privilege to engage in extracurricular activities, including organized sports.

Parents/legal guardians are responsible for notifying the school principal if there is a change in residence or parental responsibility of the student within five (5) days, even if the parent thinks the student is still in the school's zone. Failure to give timely notice may result in a reassignment to the student's zoned school and/or loss of eligibility for athletics and other activities.

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

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Signature of Owner/Lessor/Lessee

Date