



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PLANNING AND INTERGOVERNMENTAL RELATIONS

Affidavit of Residence

This form should only be used when there are extenuating circumstances or hardship that prevent a parent or guardian from being able to provide two (2) proofs of address. Complete and date this form, sign under oath before a notary, and return to the front office of the school.

Absent an approved alternative method of assignment or reassignment, all students in The School District of Palm Beach 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 5.01 and Policy 5.011. 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.

1. What is the extenuating circumstance or hardship that prevents you from providing two (2) proofs of address?

2. a. I, (*print name of parent/legal guardian/person acting as parent*) _____

am the parent/legal guardian of the following named student(s) (*print name(s) of student(s)*): _____

OR b. I am an emancipated student (*print name*) _____

CHECK EITHER 3a or 3b, THEN ENTER YOUR ADDRESS IN THE ADDRESS BOX BELOW*

3. a. I am the parent/legal guardian and am currently residing at the address listed below with the above-named student(s):

OR b. I am the emancipated student and am residing at the address listed below:

Address: * _____

***The primary residence is defined as the home in which the student(s) spends most of his/her/their time.**

4. My contact phone number(s): _____

5. This verification is necessary in order for the student(s) named above to attend (*print school name*): _____

6. I certify that I do not claim a homestead exemption at any other address and I hereby authorize the school or District to share my address and related information with other government agencies, such as County Property Appraiser Offices, for the purpose of verifying the residence. If not, please explain briefly below.

7. **Important Information for Student Athletes -**

The student's ability to participate in athletic programs may be delayed while documentation is being reviewed and athletic eligibility is being determined by school personnel and/or the Manager for District Athletics.

According to the Florida High School Athletic Association's Operational Bylaws, Article 9:

9.1.2.2 Falsification of Information. A student and/or parent/legal guardian appointed by a court of competent jurisdiction falsifies information to gain eligibility shall be declared ineligible to represent any member school for a period of one year from the date of discovery.

Affidavit of Residence continued

Student Name(s) _____

- 8. I understand that falsification of this information may result in the withdrawal of the student(s) from this school and that falsifying my residence when enrolling the student(s), may be referred to law enforcement for prosecution.
- 9. **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 is guilty of the crime of perjury by false written declaration, a felony of the third degree.**

I agree to immediately notify the School District of any future changes in address or living arrangement of this/these student(s). 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/Emancipated Student

Date

STATE OF FLORIDA, COUNTY OF PALM BEACH

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*

If the student(s) is/are temporarily living with the parent/legal guardian and/or someone else at the address indicated on page 1, see Paragraph 6 of Policy 5.011.

Name, contact information and phone number of Owner/Lessor/Lessee:

I, the Owner, Lessor, or Lessee at the above address, declare that the above named student(s) or emancipated student is/are living at this address.

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 is guilty of the crime of perjury by false written declaration, a felony of the third 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