

## **Residency Affidavit**

I attest that my name is(Print Name)	
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I am the parent or legal guardian of the following children that live with me:	
	_
	_
(Child's name)	(Date of birth)
We live together at the following address:	
(Address) (City)	(Zip)
This is the home of someone else who lets me live there. Their name is:	
imprisonment, not exceeding one year and/or a fine not exceeding \$ 775.082, or 775.083, F.S.), that the above information is true and ac additional supporting documentation to meet the residency requirem Program, which includes a letter from the landlord or home owner colocation.	curate, I also understand there must be ent for my child to attend the SR or VPK
(Parent/Guardian Signature)	(Date)
State of Florida, County of	_
Sworn to (or affirmed) and subscribed before me this day of	
Name of person making statement	
Notary Seal Signature of	f Notary Public-State of Florida
☐ Personally Known, -OR-	
☐ Produced Identification Type of ID Produced	