## PINELLAS COUNTY SCHOOLS AFFIDAVIT OF RESIDENCY

## STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_, and upon being duly sworn, deposes and says: (parent or legal guardian) , am the parent or legal guardian of (student's name) I am now residing at (address) This means that my child (children) and I sleep at this address on every week night. I am making this statement under oath for the purpose of establishing residency so as to legally enroll my child in\_\_\_\_\_ (name of school) I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT UNDER OATH WITH THE INTENT TO MISLEAD A SCHOOL OFFICIAL IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY CONSTITUTES A MISDEMEANOR IN THE FIRST AND SECOND DEGREE. A CHARGE AND CONVICTION OF THIS MISDEMEANOR MAY RESULT IN A TERM OF IMPRISONMENT NOT TO EXCEED ONE YEAR. Signature of Parent or Guardian SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_\_ day of \_\_\_\_\_, (name of person making statement) NOTARY PUBLIC - STATE OF FLORIDA Personally Known

OR Produced Identification

Type of Identification Produced

## SUPPORTING AFFIDAVIT OF RESIDENCY

## STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, the undersigned Notary Public, personally appeared \_\_\_\_\_, and upon being duly sworn, deposes and says: \_\_\_\_, am the owner or tenant of the residence located at \_\_\_\_\_ (address) Now residing with me at that address are \_\_\_\_\_ (student's and parent's or legal guardian's names) I am making this statement under oath for the purpose of establishing residency of the persons named in paragraph 2 so as to legally enroll a student in (name of school) I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT UNDER OATH WITH THE INTENT TO MISLEAD A SCHOOL OFFICIAL IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY CONSTITUTES A MISDEMEANOR IN THE FIRST AND SECOND DEGREE. A CONVICTION OF THIS MISDEMEANOR MAY RESULT IN A TERM OF IMPRISONMENT NOT EXCEED ONE YEAR. Signature of Owner or Tenant SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ , by \_\_\_\_\_ (name of person making statement) NOTARY PUBLIC - STATE OF FLORIDA Personally Known OR Produced Identification Type of Identification Produced