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:

1. I, _____, am the parent or legal guardian of (parent or legal guardian)

(student's name)

2. I am now residing at _____

(address)

This means that my child (children) and I sleep at this address on every week night.

3. I am making this statement under oath for the purpose of establishing

residency so as to legally enroll my child in_____

(name of school)

4. 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 _____,

_____ , by ___

(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:			
	1.	I,, am the owner or tenant of the residence (owner or tenant)	
		located at (address)	
	2.	Now residing with me at that address are	
		(student's and parent's or legal guardian's names)	
	3.	I am making this statement under oath for the purpose of establishing	
	0.	residency of the persons named in paragraph 2 so as to legally enroll a student in	
		(name of school)	
	4.	I UNDERSTAND THAT KNOWINGLY MAKING A FALSE STATEMENT UNDER OATH WITH TH A SCHOOL OFFICIAL IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY CONSTITUTION IN THE FIRST AND SECOND DEGREE. A CONVICTION OF THIS MISDEMEANOR MAY IMPRISONMENT NOT EXCEED ONE YEAR.	UTES A MISDEMEANOR
		Signature of Owner or Tenant	
SWORN	то	AND SUBSCRIBED before me this day of,	
		, by	
		(name of person making statement)	
		NOTARY PUBLIC - STATE OF FLORIDA	
Persona	lly K	Known	
OR Prod	luce	ed Identification	
Type of	Iden	ntification Produced	