

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

VERIFICATION OF ADDRESS

(Families Residing With Other Families)

New
Renewal

Empty box for stamp

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 and punishable by up to 60 days in jail and/or a fine of up to \$500.00. If you falsify any information when enrolling your child, you can be referred to law enforcement for prosecution.

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I understand that falsification of this information may lead to the immediate withdrawal of my child from this school. I also understand that this form is valid for one (1) school year ONLY and it is my responsibility, as parent, to renew this form no later than June 30th for the next school year. Note: Any student's address information not renewed by the time allotted will result in the student being withdrawn from school until address information is verified.

Please initial

Please check ONE:

- Sharing Housing (temporarily with another family due to loss of housing, economic hardship, or similar reason)
Other Housing (temporarily in a hotel due to loss of housing, economic hardship, or similar reason)
Sharing Housing (with another family or relative by choice)
Do not have a formal lease agreement (Not Sharing Housing)

Name of Parent: Telephone Number(s):

Name(s) of student(s) enrolling in school:

DOB School
DOB School

I hereby swear/attest that my child (ren) and I are currently residing with or in the home of (Print name of homeowner or lessee)

at (Street Address) (City, State, Zip Code)

Note: A copy of one of the following items must be attached: A valid Florida Driver's License (or DMV picture ID), government benefits or auto registration with the Osceola County street address shown above.

If a family either: Provides false information on any SDOC form, uses false documentation, or does not notify the school of an address change to a different school zone, the student will forfeit athletic and extracurricular eligibility for one (1) calendar year from the date of discovery of the violation.

(Parent/Legal Guardian Signature)

(Date)

State of Florida County of Osceola

Signed and sworn (or affirmed) before me on day of by

Print Name

Identification

Notary Signature or SDOC employee

TO BE COMPLETED BY HOME OWNER/LESSEE

I (Print name of Legal Osceola County Resident), hereby swear/attest that the above statement is true and accurate and the

above named individuals are indeed residing at my permanent residence.

Note: A copy of a mortgage document, properly executed rental/lease agreement or property tax record and a copy of a current utility bill or proof of government benefits showing the Osceola County street address must be attached as evidence of address.

(Signature)

(Telephone Numbers)

State of Florida County of Osceola

Signed and sworn (or affirmed) before me on day of by

Print Name

Identification

Notary Signature or SDOC employee

* Notary not required if witnessed by SDOC employee of registering school