

NASSAU COUNTY SCHOOL DISTRICT  
**AFFIDAVIT VERIFICATION OF RESIDENCY**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

**STUDENT LIVES WITH: Print Name(s) and Relationship to the Student**

1) \_\_\_\_\_  
 First Name Last Name Relationship to the Student

2) \_\_\_\_\_  
 First Name Last Name Relationship to the Student

**RESIDENCE ADDRESS: Post Office Box Number Is Not Acceptable as Residence Address**

Street Address – House/Apt. Number and Street Name \_\_\_\_\_

City State Zip Code

I hereby swear/attest that my child(ren) and I are currently residing with or in the home of \_\_\_\_\_  
*(Print the Name of the Homeowner/Renter)*

at the above address. I also agree to notify the school within two (2) weeks when residency has changed. I understand that a new affidavit and proof of residency must be submitted if residency changes. If I move outside the attendance area for this school, I must submit a transfer request for my child to continue attending this school. I understand that transfers may not be accepted by the district. Falsification of information or document required for residency verification, use of an address other than that of my residence, use of a business address, or use of the address of another person without residing at the address may result in revocation of the student's enrollment. Under the penalty of perjury and Florida law (Statute 837.06) governing false statements made to public servants, I certify that the information included in this form is true and correct.

\_\_\_\_\_  
**Parent/Legal Guardian's Signature** Date

State of \_\_\_\_\_ County of \_\_\_\_\_

SUBSCRIBED and SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

BY \_\_\_\_\_, who ( ) is personally known to me or ( ) has produced a valid photo ID.

*(Print the Name of the Notary)*



\_\_\_\_\_  
**Notary's Signature**

**TO BE COMPLETED BY HOMEOWNER/RENTER**

I \_\_\_\_\_, hereby swear/attest that the above statement is true and accurate, and the above-named individuals are indeed residing at the above address.  
*(Print the Name of the Homeowner/Renter)*

\_\_\_\_\_  
**Homeowner/Renter's Signature** Date

State of \_\_\_\_\_ County of \_\_\_\_\_

SUBSCRIBED and SWORN before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

BY \_\_\_\_\_, who ( ) is personally known to me or ( ) has produced a valid photo ID.

*(Print the Name of the Notary)*



\_\_\_\_\_  
**Notary's Signature**