

BROWARD COUNTY PUBLIC SCHOOLS
AFFIDAVIT of PERSON ACTING as PARENT

INSTRUCTIONS: The purpose of this form is to verify the status of a person acting as parent pursuant to School Board Policy 5.1. Complete this affidavit and submit to the student's school. Only notarized forms will be accepted. Submittal of this form does not guarantee enrollment at this school. The person acting as parent has the burden to show that the student's residence is not incident to the student's eligibility to enroll in a particular school's boundary and is due to extenuating circumstances. This form does not apply to homeless students.

SECTION I: To be completed by the person acting as the parent/guardian.

Name of Boundaried School: _____

Name of Person Acting as Parent: _____

Name of Student: _____ Date of Birth: ____/____/____ Grade: _____

Name of Student: _____ Date of Birth: ____/____/____ Grade: _____

Residential Address of Person Acting as Parent:

Street: _____ City: _____ Zip: _____

It is understood that:

- I am acting as the legal guardian, in a parental relationship, or exercising supervisory authority over the child(ren) in place of the parent(s).
- I am currently residing in Broward County at the declared residential address with the above-named child(ren).
- This residential address is the primary residence of the child(ren), defined as the home in which the child(ren) spend most of his/her (their) time.
- Exceptions may include certain court-approved agreements for Shared Parental Responsibility.
- **The information provided by the undersigned is accurate.**
 - 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.
 - Florida Statutes §92.525 provides that whoever knowingly makes a false declaration under penalties of perjury is guilty of the crime of perjury by false written declaration, a felony of the third degree.
- Providing false information is a fraud and will result in withdrawal of the student(s) from the boundaried school.
- I am required to notify the school of any future changes in residential address or living arrangements for this child(ren) within ten (10) days.

Pursuant to Florida Statutes §1000.21, I qualify as a person acting as "Parent" under the following circumstance (check one):

- Guardian of student (legal guardianship papers are required)
- Person in a parental relationship (Proof required – written notarized statement from the natural parent or guardian explaining why and how this person is acting as a parent. Provide address and telephone number of natural parent below.)
- Person exercising supervisory authority over a student in place of a parent (Proof required – written notarized statement from the natural parent or guardian explaining why they are unable to perform in a parental role is required, except as stated within Policy 5.1. Provide address and telephone number of natural parent below.)

Note: The District, principal, or designee may waive the requirement for a notarized statement if the natural parent or guardian is unavailable (such as having abandoned the child, incarceration, or living in a foreign country).

Natural parent/guardian: Telephone Number: _____

Street: _____ City: _____ Zip: _____

Section II: To be completed by the person acting as parent and a notary public.

As the person acting as parent, I acknowledge that the above-named school-age child(ren) are residing at the address provided and not for the purpose of attending the corresponding boundaried school in Broward County. I agree to provide all additional required documentation to complete the enrollment process as required by School Board Policy 5.1. I declare that I have read this document and the above facts are true and correct.

Signature of Person Acting as Parent

Print Name of Person Acting as Parent

Date

County of Broward
State of Florida

I hereby certify that on this ____ day of _____, 20____, the above subscribers personally appeared before me and made oath that the foregoing facts are true to the best of their knowledge, information and belief, under penalty of perjury. Each subscriber is known to me or provided the following identification _____.

My Commission Expires: _____

Notary Signature: _____

Section III: To be completed by school staff.

Legal guardianship papers or notarized letter from natural parent/guardian:

Received and approved Received and referred to OSPA Denied

Waived. Reason: _____

30 Calendar Day Grace Period. Due Date: ____/____/20____