

SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
STATEMENT OF BONAFIDE RESIDENCE

Important Information

In accordance with School Board Policy 5.1, a student shall attend the school in the boundary in which the parent(s) or legal guardian(s) reside. It is the responsibility of the parent(s) or guardian(s) to provide proper documentation to verify their residence.

To Be Completed By Parent or Legal Guardian:

I _____, reside at _____
(Parent/Guardian) (Address)
_____ with my child/children, _____,
(City) (name of child/children)
on a full-time basis (7 days a week).

Acknowledgement

I certify that the above information is true and correct. I understand that this information will be verified and if found to be fraudulent, my child(ren) will be immediately withdrawn and assigned to his/her proper boundaried school and that falsifying my residence when enrolling my child(ren) may be referred to law enforcement for prosecution.

Florida Statute §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. Additionally, a person who 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.

I agree to immediately, within 10 days, notify the School District, in writing, of any future changes in address or living arrangements of this (these) child(ren). Under penalty of perjury, I hereby declare that I have read this document and the above facts are true and correct.



(Signature of Parent/Guardian)

(Date)

STATE OF FLORIDA, BROWARD COUNTY

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____
by _____

(Name of Person Making Statement)

(Notary Seal)

(Print, Type or Stamp Name of Notary)

Personally Known _____
OR Produced Identification _____
Type of Identification Produced _____

To Be Completed By Property Owner or Lessee:

I _____, certify that _____
(Owner/Lessee) (Parent/Guardian)


reside with me at _____

with their child/children _____ on a full-time basis.
(Name of child/children)

Acknowledgement:
I certify that the above information is true and correct. If I rent/lease this residence, I certify that my lease allows me to have other persons residing with me. (Attach copy of Lease) If I own this property, and lease the entire house, Homestead Exemption status will be verified with the County Appraiser's Office. I understand that to claim Homestead Exemption, the owner must reside in the home.

Florida Statute §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. Additionally, a person who 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.

Under penalty of perjury, I hereby declare that I have read this document and the above facts are true and correct.

 _____ (Signature of Property Owner) _____ (Date)

STATE OF FLORIDA, BROWARD COUNTY

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20
_____ by _____.
(Name of Person Making Statement)

(Notary Seal)

(Print, Type or Stamp Name of Notary)

Personally Known _____
OR Produced Identification _____
Type of Identification Produced _____