



# St. Johns County Schools Residency

## AFFIDAVIT OF RESIDENCY Valid for Current School Year Only

*For families residing with a homeowner or renter*

Under the penalty of perjury and Florida law governing false statements made to public servants, I certify that the information included in this form is true and correct.

Student's name: \_\_\_\_\_

Explain your current living situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current address: \_\_\_\_\_

Previous address: \_\_\_\_\_

Dates from: \_\_\_\_\_ Date to: \_\_\_\_\_

Current owner/landlord/property manager name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Print parent/guardian name)

\_\_\_\_\_  
(Parent/guardian signature)

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 Florida Driver's License.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name of Notary typed, printed or stamped

Notary Public, State of \_\_\_\_\_ at Large

My Commission Number is \_\_\_\_\_

My Commission expires \_\_\_\_\_